Maternal and Child Health Services
Title V Block Grant

State Narrative for Guam

Application for 2009
Annual Report for 2007

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I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.
An attachment is included in this section.

B. Face Sheet

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. Assurances and Certifications

The assurances and certificates are maintained at the Chief Public Health Office at the Department of Public Health and Social Services.

//2007// No changes

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; expires May 31, 2009.

E. Public Input

/2009/
The Governor of Guam signed Public Law 28-57 on June 30, 2005. Public Law 28-57 is "An Act to Repeal and Reenact Sections 10305 and 10306 of Chapter 10 of Title 5 GCA to Require Each Government Department of Agency to Post and Maintain an Internet Homepage or Website and Provide Information to the General Public, otherwise to be Know as "The Transparency Act of 2005."

The intent is to allow for individiuals to seek information about a department's or agencies mission, public services, public announcements or to download documents pertinent to the department or agency and the service they provide.

The Guam Title V program makes every effort to encourage individuals who use program services to voice their concerns or ideas regarding the quality and effectiveness of the Program. This aspect of developing public input as a regular "check up" is especially focused on our families from the neighboring islands. These families rarely would attend a formal hearing c0ncerning the Title V Program.

A client satisfaction survey was conducted from September 4 through September 28, 2007 at the Mangilao Clinic to assess care and services provided.

Two hundred and thirty seven (237) completed the survey. Fifty six percent (56%) were female and 44% were male. Sixty four percent (64%) were returning clients and 26% were new to the MCH Program, 10% did not identify themselves.

Majority of the clients were Filipino (41%) followed by Chamorro (32%), Chuukese (12%), Pohnpeian, Yapese, and Belauan were at 3%. The overall satisfaction of clients about the care and services that were provided to them was a 99% approval.

After transmittal to the Maternal and Child Health Bureau, the final version of the Maternal and Child Health Application/Annual Report for FY 2009 will be available on the Department of Public Health and Social Services web site. www. dphss.guam.gov //2009//

II. Needs Assessment

In application year 2009, it is recommended that only Section IIC be provided outlining updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

/2009/

The new/revised list of priority needs for Maternal and Child Health on Guam encompasses all levels of the MCH health services pyramid and in some cases, span the pyramid levels. Throughout the process of selecting the priority needs, participants preferred that the priority needs be looked at as "opportunities for improvement" that should be looked at in equal importance. The priorities that follow and the specific performance measures related to each stem specifically from areas of unmet needs on Guam.

The following are Guam's Maternal and Child Health priority needs for the next five years:

1. To decrease infant mortality and morbidity, preterm births and low birth weight.
2. To decrease mortality and morbidity among adolescents.
3. To decrease intentional and unintentional injuries in the MCH population.
4. To increase care coordination and public awareness for children with special health care needs.
5. To reduce unintended and intended adolescent pregnancies.
6. To reduce unhealthy and risk-taking behavior among adolescents.
7. To assure early identification and referral of substance abuse, domestic violence and child abuse and neglect.
8. To assure that all children with special health care needs have a medical home for comprehensive, primary and preventive health care with coordination of all health and support services.

While the product of the Needs Assessment is created at a point in time, the Guam process is ongoing and dynamic. Both quantitative and qualitative results of the activities of MCH services are accumulated to be used as resources for the Needs Assessment. Qualitative sources were obtained through interface with direct services provided, population-based activities that provide feedback and infrastructure-building activities that interface with the community via non-profit organizations whose time is dedicated to systems-building activities. Another important component is the feedback obtained through the Block Grant review, including focus groups and key informant interviews, which represent selected population subgroups or types of services that generally have limited resources.

Early in 2004, MCH staff talked with stakeholders around Guam regarding their perceptions of the health needs that were current or emerging. The stakeholders included health professionals working within public health, health professionals working outside public health, individuals involved with non-profit and advocacy organizations as well as consumers. As a more formal input process followed, the stakeholders included public health agency staff, representatives from welfare, food stamps, the University of Guam, the Guam Department of Education, the Community Health Centers, consumers and non-profit organizations.

Guam's MCH Program has well established relationships with many partners, enabling a collaborative approach that allows us to work toward meeting the priority needs of Guam, assessing those needs and to aide in the decision making to address the needs that are identified. Some of our partners with whom we have relationships with include: other Section within the Division of Public health such as Emergency Medical Services, Chronic Disease, Nursing, WIC, Communicable Disease, Vital Statistics, and the Community Health Centers, other

government agencies such as the Department of Education, the University of Guam, the Guam Memorial Hospital Authority, the Department of Mental Health and Substance Abuse , families, adolescents and private health care providers.

With the inclusion of the MCH program in 2007 under the auspices of the Bureau of Family Health & Nursing Services, we have made significant stride in actively collaborating with private, public, and other government agencies to meet the needs of the MCH population. Through these partnerships, the Central Public Health clinic now provides hearing screenings for infants with the Guam Early Hearing Detection and Intervention program. Furthermore, MCH program has expand its community based outreach efforts with the Bureau of Primary Sercives. Another sufficant progress made is the bureau's membership with Emergency Medical Services for Children (EMSC).

The latest partnership effort is the implementation of the WEBIZ Immunization Data collection program with BCDC.

There are many positive outcomes from our collaborative efforts. Bringing people together from different agencies and organizations with different specializations, backgrounds and experience gives a much more understanding of MCH issues that we all share.

Many activities that come to the attention of MCH are relevant to the MCH population but may not be specifically administered or "formally" linked with relevance to the Title V Needs Assessment. There are numerous activities that other public and private organizations are involved with that affect the public health of MCH populations that are carried out with MCH involvement. Limitations in the scope of influence and accountability of MCH, limitations of staff and limitations of funding must be recognized. However, we believe that the major activities and priorities affecting MCH services are being recognized.

Since the submission of the Title V Block Grant and far and wide-reaching Needs Assessment, there are no changes in the State's priority needs. Infant mortality, low birth weight, early and consistent prenatal care, intentional and unintentional injuries, and care coordination remain priority areas of the Guam MCH Program. Partnership building and collaboration continues as an ongoing process.

The 5-year needs assessment provides both recent and longer-term trends data on MCH topics. It also provides a snapshot of Guam's demographic and socioeconomic characteristics. The assessment is used to assist Guam MCH staff to prioritize program and population needs based upon the data available.

The eight priority needs address all three major MCH population groups. Preventive and primary care for women, mothers and infants are addressed through eight of the priorities. Preventive and primary care for children are addressed through nine of the priorities. Services for children with special health care needs are addressed through two of the priorities.

Work is under way to review current activities and ensure they are still relevant based upon data and state needs. Staff are working to clarify their focus within program areas thus ensuring the most benefit from MCH funding and activities. There may be significant changes in state capacity to meet those needs in the coming year due to the islands budget cr

III. State Overview
A. Overview
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The total population, based on 2006 estimates is 171,019 of which 28.9% is below the age of 15, while 6.7% is 65 years and older. The median age is 28.6 years. Males slightly outnumber females, with a sex ration of 1.04male/female. The population growth rate is estimated at 1.43%. Total migrants in 2003 represent a 359% increase from 1990. Les than 20% of those migrating into Guam from the surrounding islands are U.S. citizens, and less than 25% are permanent residents.

Chamorro comprise the largest ethnic group, accounting for 37% of the total population, with Filipinos at 26.3% and Whites at 6.8%. The ethnic/racial composition of Guam's population has been declining, from 44.6% of the total population in 1980, to 37% in 2000. On the other hand, Filipinos comprised only 21.2% of the population in 1980 but currently make up 26.3% of the islands people. The ethnic group with the fastest increase rate is the Chuukese population, from only 0.1% in 1980 to a current 4%, a 40-fold increase.

The ethnic composition of the population in large part determines the languages spoken at home. Presently, 38.3% of Guam's households speak English exclusively and 45.7% speak another language either as frequently as or more frequently than English, 0.7% speak no English at all. This has significant implication for effective service delivery, highlighting the need for culturally competent communications and services for close to half of the island's population.

In 2000, there were 38,769 households on Guam. 83.5% were family households, while 16.5% were non-family households. The average household size in 2000 was 3.89 persons, down from 4.07 in1980. Of the households with families, 58.5% were married couple families. A female household heads 16.2% of the households on Guam.
Educational attainment appears to have improved gradually since 1990, with small increase in the percentage of the population who have attained a bachelors or higher degree. Almost one-third of the population has a high school diploma.

The island's economy is based on tourism and in the past has hosted over one million visitors annually -- primarily from the Asian region. However, in the past years, there has been a decline in the number of visitor arrivals because of the Asian Economic Crisis as well as from Sept. 11.

The Government of Guam is currently faced with a $511 million deficit. A march 19, 2007 Pacific Daily News article by Mark Pieper states that the government of Guam this fiscal year is spending at a rate that would add an additional $62 million to the current deficit. To balance the budget, the Governor is calling for a $13 million worth of spending cuts, $15 million worth of tax and fee increases and a $34 million loan to avoid laying off any of GovGuam's 6,348 employees. Other options include across the board pay cuts, a hiring freeze and a 32-hour workweek. The highest measure of unemployment rate that was recorded by the Guam Department of Labor was in 2001 as 20%, which is well over three times the national average. The latest figures released by the Department of Labor were in March 2002 with an unemployment rate at 11.4%, still almost twice the national average.

The Island of Guam is currently experiencing major economical challenges, and as a result there has been a substantial increase in those living below the poverty level. In the 1990 U.S. Census report, 14% of the total population on Guam was reported to be below the poverty level. According to the 2000 report, this number has increased to 20%. The total number of persons living below the poverty level in the United States was 6,620,945 or 9.2% (US Census Bureau, 2000). Guam's poverty rate is twice the national average. In the January 2007 Homeless Count Survey, 29% reported that a contributing factor to their homelessness was job loss.

As part of the U.S. -- Japan Defense Posture Realignment Initiative, the U.S. Marine base in Okinawa, Japan is being relocated to Guam beginning in 2010, with the completion date to be in 2015. 10 Billion dollars has been budgeted for the relocation. A total of 18,930 active duty and 19,140 dependents will be relocated. Thousands of foreign workers will be hired by the Department of Defense, through contractors, from developing countries such as China and the Philippines to prepare for this build up. This will undeniably have a profound effect on Guam. Homelessness will increase as families are displaced. The real estate market is rapidly becoming a sellers market and home prices have already started to rise. The median home price has increased from $135,682 in 2000, to $144,254. This increase in home prices will inevitably continue. Guam's already overcrowded school system will become more overcrowded and scarce resources will have to be stretched even further.

In compliance with Federal law requirements, Guam has implemented the increase in minimum wage from $5.15 to $5.85 as of July 2007. Many employers in the private sector have already begun to furlough or even terminate employees in an effort to offset the cost of labor. As a result, families are greatly impacted due to the loss of wages.

The Department of Public Health and Social Services continues to have trouble in retaining staff and hiring qualified candidates. Although the length of time required to advertise, recruit and fill positions has somewhat diminished, there is still a significant period between the time when a candidate is identified and when the offer of employment is made. During this interval, many applicants accept other positions.

In 2008, there were 58 Full Time Equivalent (FTE) primary care physicians actively practicing on Guam. With a civilian population of 167,226 and a FTE of 58, Guam's population-to-primary care physician ratio is 2,893 to 1. While this ratio does not meet the minimum ration for a shortage designation, it is still insufficient to meet the demand for health care services.

The General Fertility Rate (GFR; births per 1,000 women 15 - 44 years) for the civilian population of Guam in 2005, the last year for which we have detailed birth data available, was 88.1. The GFR for the total population in 2007 was 91.7.

The infant death rate for the civilian population in 2005 was 12.7 per 1,000 live births, an improvement over the 2004 rate, which was13.6 infant deaths per 1,000 civilian live births. The infant death rate for the total population was 13.47 in 2006 and 10.0 in 2007.

In addition to having an overall high infant mortality rate, the infant death rate of the Chamorro population, the largest single population group on Guam, is also high. In 2004, the IMR for infants born to civilian Chamorro mothers was 14.3 deaths per 1,000 live births; this improved slightly in 2005 to 9.3. The Micronesian population, Guam's newest group of immigrants, has an extremely high infant mortality rate, as well: 15.5 infant deaths per 1,000 live births in 2004, which increased to 23.1 in 2005. The Chuukese population, the largest single FSM ethnicity on Guam, had rates of 15.4 in 2004 and 24.6 infant deaths per 1,000 live births in 2005.

Fetal deaths are also worth examining. For Guam's civilian population overall, the fetal death rate in 2004 was 11.2 deaths per 1,000 live births and fetal deaths. In 2005, the fetal death rate for the total population was 13.85.

Many women delay seeking prenatal care, or do not seek any, primarily because of lack of money, insurance, appointment availability, and transportation. Fewer than 60% of all births in 2004 and 2005 had prenatal care that began in the first trimester. In 2004, 6.5% of mothers sought prenatal care only in the third trimester, and 8.3% had no prenatal care. These rates were similar in 2005, where 6.3% of mothers had no care and 6.2% had care that began in the third trimester. This was 15% of births in 2004 and 12.5% of births in 2005 with late or no prenatal care.

Lack of prenatal care may contribute to the increase seen in low birth weight among civilian mothers in 2004 and 2005. Low birth weight babies were 8.9% of all civilian births in 2004, and increased to 9.8% of civilian births in 2005. Mothers who delayed care until the second trimester saw an increase in low birth weight babies, from 8.1% in 2004 to 8.9% in 2005; for those who had no care, the proportion of low birth weight babies increased from 12.5% in 2004 to 17.5% in 2005.

Unemployment and no health insurance affect the ability of persons to receive medical care. In March 2006, the unemployment rate for the civilian labor force was 6.9%, nearly 50% higher than the 2006 U.S. rate. As most health insurance is received through employment, an increase in unemployment means an increase in those with reduced or no health insurance. Of the adult population surveyed in the Behavioral Risk Factor Surveillance System, those reporting no form of health coverage increased from 18.6% in 2001 to 19% in 2007. A door-to-door Household Income and Expenditure Survey (HIES) conducted in 2005, which included a Health Insurance Supplement, found that 29.6% of the population had no form of health coverage. This equates to approximately 46,900 civilian persons. Those under the age of 65 had 25% with no coverage, and those under 18 had 26% of their population with no coverage. This was in addition to increases in the numbers seeking public insurance, in the form of Medicaid or the locally funded Medically Indigent Program (MIP). In 2000, there were 1,206 persons on Medicaid and 1,198 on MIP. By 2005, there were 7,908 on Medicaid and 4,352 on MIP. Thus, the civilian population of Guam that could be considered under- or uninsured numbers over 59,000, or 37.3%. With the MIP Reform law, MIP patients must seek primary health care services at the Community Health Centers. MIP patients in need of services that are unavailable at the CHCs, or those in need of specialty care are referred to private physicians who are willing to see them. Due to the delayed and cumbersome reimbursement process, many physicians are not paid in a timely manner so they refuse to see both MIP and Medicaid patients. This severely reduces their access to medical and ancillary care.

Lack of access, whether because physicians will not accept new patients, will not accept uninsured patients, or because people are reluctant to seek care if they cannot pay, leads to high rates of communicable disease. In 2007, Guam experienced a rate of new tuberculosis cases that was 12 times the rate in the U.S. (53 per 100,000 for Guam vs. 4.4 per 100,000 for the U.S.). The rate was even higher in the Micronesian (178.9) and Filipino (63.5) populations, both of which have a high proportion of immigrants. Sexually transmitted infections also increased in 2007; while not at an historic high, they were anywhere from 19% (Chlamydia) to 88% (Syphilis) higher than U.S. rates. Again, the Micronesian population had significantly higher rates than either the Guam or the U.S. populations for Chlamydia (over 200% higher) and Syphilis (over 900% higher). This population, whether because of language and cultural barriers, lack of employment and insurance or poor access to health care prior to their movement to Guam, generally presents for care later in illness or pregnancy, and often has multiple health problems needing attention.

Chronic disease also presents a problem for the civilian population of Guam. Many persons suffer from more than one chronic disease. Of the total visits to GMHA in Fiscal Year 2007, 59% of Emergency Room, 64% of Inpatient, and 1% of Outpatient discharges had co-morbidities.

Military Relocation:

Secretary of State, Dr. Condoleezza Rice, declared 2007 to be the "Year of the Pacific" and with that proclamation, the United States is increasing focus on efforts in the Pacific Basin to increase stability, good governance and economic development through closer political, economic and cultural ties with our neighbors. The island of Guam is significant to these efforts.

On May 1, 2006, the U.S.-Japan Security Consultative Committee (SCC), consisting of the Secretaries of Defense and State and their Government of Japan counterparts, released a "U.S.-

Japan Roadmap for Realignment Implementation" document. The SCC (SCC), consisting of the Secretaries of Defense and State and their Government of Japan counterparts, released a "U.S.-Japan Roadmap for Realignment Implementation" document. The SCC document outlines the schedules and timelines for implementation of the realignment initiatives. One of the initiatives was to move approximately 8,000 III Marine Expeditionary Force (MEF) personnel and their approximately 9,000 dependents from Okinawa to Guam, as well as the addition of 1,000 airmen at Anderson Air Force Base. The desired completion date for the relocation is by 2014. This date requires substantial U.S. and Government of Japan financial support and commitment. The estimated total development cost of the relocation of Marine units to Guam is $10.27 billion. The Government of Japan is stated to provide a total of $6.09 billion, including $2.8 billion in cash for facilities and infrastructure and $3.29 billion in equity investments and loans for special purpose entities that will provide housing and utilities to support the move. The remaining $4.18 billion will be provided by the U.S. government.

The proposed military buildup on Guam is a key component of the United States Pacific Command's initiative known as the Integrated Global Presence and Basing Strategy (IGPBS). IGPBS transforms U.S. global posture 1) by increasing the flexibility to contend with uncertainty; 2) strengthen allied roles; 3) build new partnerships; 4) create the capacity to act both within and across the Pacific region; 5) develop rapidly deployable capabilities and 6) focus on effective military capabilities.

The ramp-up has already begun. Anderson Air Force base has hosted continuous long-range bomber deployments since 2004, and the base has begun construction of a $242 million Expeditionary Combat Support Training Campus. The campus will host the 554th Red Horse Squadron and a combat communications squadron, both relocating from South Korea. Furthermore, the base is expected to gain a permanent tanker and receive the first of seven Global Hawk surveillance drones by 2010.The Army plans to put a ballistic missile defense task force on the island and the Navy plans to construct a transient nuclear aircraft carrier-capable pier.

Some of the benefits the island will reap include the impact of multi-billion dollar construction project and improvement to the islands' utility services. The population boost of approximately 20,000 people will add considerably to the islands' economy and tax base through an increased demand for retail goods and services, housing, entertainment and consumer spending. The build-up will attract a wide range of individuals such as medical, education, legal, human services and others, which will improve the quality of life of Guam residents. The arrival of men and women who volunteer and support churches, schools, youth groups and community will add to the social foundation of Guam.

In addition, regional and allied military services will frequent Guam and the surrounding islands for training and military exchanges. The region will benefit by the presence of highly trained and capable forces ready to respond to natural disasters, and events that may require humanitarian assistance.

One quality of life issue has been addressed. The increased military presence stands to bring better veterans' services. The Secretary of Veterans Affairs announced the approval of a $5.4 million Community Based Outpatient Clinic to provide access to a modern health care facility. Furthermore, it is expected that there will be increased medical expertise at the Guam Naval Hospital with the growth of the island population.

However, with growth, there are always concerns. It is expected that the Department of Defense population on Guam will expand from approximately 14,000 to nearly 38,000. This will result in an overall 10-year total population growth rate of nearly 28%.

It is estimated that anywhere from 12,000 to 15,000 workers will be needed on Guam to construct the necessary operational, training, housing and other support facilities. Furthermore, this figure

does not include the expected increase in the general population associated with this large-scale development and the expected economic boom.

Another challenge that has been raised is the capacity of the port. The port has to prepare for the increase in shipping traffic, which possibility could increase as much as 70%. The capacities for water, power, solid waste, wastewater, hazardous waste, roads, and the A.B. Won Pat International Airport are all of major concern due to the predicted increase in demand.

Socio-economic concerns include the pull on safety and security services such as police; fire and emergency medical support the impact on small mom and pop businesses and local job opportunities. Education is also a concern as the Guam Public School System must attract and retain quality teachers.

The hospital is another concern. Guam Memorial Hospital, the only civilian hospital currently has a 208-bed capacity. The U.S. National average is 2.8 beds per 1,000 populations.

The Guam Fire Department anticipates that the proposed population growth will place greater demands on fire engines programs (fire and emergency response, fire hydrant maintenance, home safety inspections) ambulance service and rescue services; fire prevention programs; emergency 911 communication system programs and training programs.

Please see attachment for Guam Public Laws that have an impact on Guam Maternal and CHild Health Services.
An attachment is included in this section.

B. Agency Capacity
/2009/

The Bureau of Family Health and Nursing Services (BFHNS), Division of Public Health, Department of Public Health and Social Services (DPHSS) administers the title V Maternal and Child Health (MCH) Program. DPHSS has been the Title V grantee since the 1960's. DPHSS is responsible for the development and evaluation of services relating to improving the health status of women, infants, children, children with special health care needs, adolescents and families on Guam.

The Department of Public Health and Social Services consists of four divisions, which fall under two broad functional areas of services, public health and social services. The overall responsibility of the Department in the provision of health services is to promote, protect and maintain the health of Guam's residents by providing a variety of programs, which stress the prevention of disease and disability, and by meeting the needs of the medically underserved population.

The Division of Public Health and the Division of Environmental Health fall under the Department's health function. The Division of Public Welfare and the Division of Senior Citizens fall under the social service function.

The overall responsibility of the Department in its provision of social services is to remove social barriers which prevent persons from obtaining and maintaining the basic necessities of life, including medical care, nutrition and employment and to strengthen family life.

The mission of the Division of Public Health is to assure development of systems of health services for all Guam citizens that are family-centered, coordinated, community-based, culturally appropriate, cost-effective and efficient. In addition, the Division has a goal of improving outcomes related to the health of Guam's MCH populations.

The mission of the Guam Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) Program is to promote quality health care for women, infants, children and families, and assure access to services for high-risk and special needs groups through planning and coordination of comprehensive service systems.

Guam's Title V Program continually identifies areas and populations to seek out underserved MCH individuals in order to prioritize allocation of programs and resources. These on-going assessment activities aide in determining the importance of competing factors upon health service delivery environment. Staff help to develop plans, identify resources and develop interventions to help support the needed MCH services.

Program staff also use their expertise to identify and weigh community factors, which may limit the degree of accessibility or availability of MCH services. This may be done in conjunction with other community organizations and individuals who are interested. Staff evaluate work toward refocusing efforts and resources as appropriate and available.

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional fundingor staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data.

It is hoped that with the new fiscal year, the department may be able to hire the much needed data entry positions. Employers generally hire high school graduates who meet their requirements for keyboarding speed. However, Public Law 29-100 has changed the requirement of a high school diploma for employment within the government of Guam.

Giving dropouts equal-opportunity treatment and preventing strain on the public welfare system by unemployed dropouts were among the reasons some of Guam's lawmakers cited in support of the new law.

State Title V Capacity to Provide a Variety of Services --

Preventive and Primary Care Services for Pregnant Women, Mothers and Infants

The Guam Title V Maternal and Child Health (MCH) Program and Children with Special Health Care Needs (CSHCN) Program is administered as one integrated program within the Department of Public Health and Social Services (DPHSS). This allows for better and more efficient coordination of services in MCH. The program provides health care services for mothers, infants, children, youth and their families. The program also provides and coordinates a system of preventive and primary health care services for the MCH population.

MCH services are organized into four main areas: core public health and infrastructure, enabling services, population-based prevention services and direct health care services. Provision of prenatal care services are provided under the core public health and infrastructure category. Enabling services are those provided by support staff such as MCH social workers. These services are intended to provide emotional, social and family support, which includes identification and referral to the program. Services in the population-based areas include health education, well-baby clinics and comprehensive immunizations. Under direct health care, the MCH Program provides care to special health care needs children, chronic health problems, and under- nourished children and mothers.

1. Preventive and Primary Services for Infants and Pregnant Women

Target Population -- Pregnant women on Guam specifically those with no source of prenatal care.

A. Women's Health Component -- The goal of the Women's Health Component is to prevent maternal and infant death and other adverse perinatal outcomes by promoting preconception health care; assuring early entry into prenatal care and improving perinatal care.

Staff work to ensure all pregnant women on Guam have access to early and continuous prenatal care, thereby reducing the number of preterm and low birth weight infants and lowering infant mortality and maternal morbidity and mortality.

Description of Services -- Women's Health Services includes prenatal services including risk assessments, patient counseling, prenatal education classes, social work counseling, case management and follow-up. DPHSS anticipates implementing new screening methods for smoking, partner violence, substance abuse and depression.

MCH provides free pregnancy testing, a population-based enabling service intervention to reduce infant mortality and encourage women to access early prenatal care. The goals of the free testing include: a) helping pregnant women obtain early prenatal care and WIC; b) decreasing infant mortality and morbidity and the incidence of low birth weight; and c) assisting non-pregnant women into the health care system.

B. Women and Men of Reproductive Ages (Family Planning)

The purpose is to provide reproductive health services to women and men, enabling them to choose the number and spacing of children and prevent unplanned pregnancies. Reproductive health services include health history assessment, laboratory tests, physical assessments, contraceptive methods, health education, treatment and referral.

Target Population -- Men and women of Guam, primarily low-income clients who are uninsured or under-insured.

Description of Services - The role of Guam's Title X Program is defined within the present health care environment of the island of Guam and by the priority needs of Guam's diverse population.

The Guam Title X Program:

1. Provides the infrastructure and guiding conceptual framework for the delivery of the Department of Public Health and Social Services Family Planning Program;
2. Provides for the surveillance and assessment of the needs of the populations, determining the impact of emerging and persistent issues and planning for their amelioration within the context of available resources;
3. Advocates for necessary resources commensurate with the level and significance of the need;
4. Identifies and fills gaps in the health care system through delivery of direct health care systems where other resources are not available;
5. Monitors the delivery of health care and the effect of system changes on the population and recommends changes in policy, law or regulation, where needed, and
6. Enable high-risk populations to establish and maintain a meaningful relationship with the health care system.

Preventive and Primary Care Services for Children and Adolescents

The purpose of services for children and adolescents is to encourage community driven public health by promoting a safer and healthier community through education, prevention and intervention.

Target Population -- Birth through adults on Guam.

Description of Services - MCH develops and enhances capacity to promote and protect the health of all mothers, children and families by providing enabling services that facilitate a seamless delivery of services for mother and children through outreach, assessment, care planning, advocacy, referral, education and counseling on health behavior risk reduction. Goals are to improve utilization of EPDST services, immunization services and to empower families through education and support to access health, education and social services they need.
The Bureau of Family Health and Nursing Services at the DPHSS mission is to provide services to at risk populations to help meet their needs. The bureau has conducts nursing outreaches to at-risk locations on Guam. Immunization Outreach are conducted each Friday of the month to provide immunization-nursing services to individuals living in at-risk areas. The Immunization Program and the community health nurses, gather at a village mayor's office, apartment areas, fire stations, or a common meeting area, that high-risk clients are located to administer immunization and provide other health teachings to promote the services of the MCH program. Community health nurses prior to their outreach, they visit their clients within that area and inform them verbally about the outreach and the benefits to their families health.

Furthermore, there are monthly Community-base Outreaches with other programs to bring the DPHSS services to at-risk populations. The Dental program provides dental varnishing to the infants through school-age, the Chronic Disease Program provides Health Education materials and counseling, the WIC programs furnishes the WIC application and health counseling to the clients that are eligible for their services, and the Cervical and Breast program provides health education. This outreach also provide a Health Screening portion in which height and weight, Body Mass Screening, blood pressure screening, glucose/cholesterol screening, and counseling for any abnormal results and health teachings and if needed referral to the proper health providers. Immunization is also provided at this outreach also for children 1 month-18 years of age. This outreach also includes other Govguam agencies that want to reach-out to high-risk population, like the Head-Start Program with the Guam Public School System, which provides necessary documents for eligible participants to their program, and give additional information about other programs within the GPSS. The nurses prior to the outreach go house to house to inform clients on this event and the value of providing these services for the MCH program, FP program, Dental Program, Immunization program, STD/HIV program, and Chronic Health program.

A. The Dental Health Program's primary goal is to prevent dental disease. Most recently, the program implemented a program targeted at children birth through five years who are at the highest risk for dental decay. The program's goal is to increase early recognition of disease and prevention through training dental and non-dental health professionals on oral health education and anticipatory guidance, screening and risk assessment and fluoride varnish application.
B. The Bureau of Nutrition Services administers Guam's Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The mission of the WIC Program is to improve the health of infants, children and childbearing women by directly supplementing their diets with foods rich in nutrients they need, providing nutrition education and counseling and referrals to other services.

The mission of the WIC Farmers' Market Nutrition Program is to encourage the consumption of fresh fruits and vegetables by WIC participants and encourage the development of farmers' markets.

C. The Chronic Disease and Prevention and Control Program goal is to reduce the human and financial burden of chronic diseases, which are the leading cause of death on Guam. The program's prevention and control efforts include the development of programs and policies that outline goals and strategies to control chronic diseases such as cancer, diabetes or heart disease and stroke. The program focuses on promoting evidence-based interventions, monitoring the burden of chronic disease on the island, developing partnerships with other agencies, and evaluating outcomes of interventions. Other program efforts include outreach to promote health for people living with disabilities and prevention of secondary chronic diseases and to modify risk behaviors such as tobacco use, lack of physical activity and poor nutrition, which are major contributing factors leading to chronic diseases.

D. The Office of Emergency Medical Services vision is that Guam will be a place where people live, learn and play safely. To reduce the impact of injury and violence, the program engages in injury assessment, the development and promotion of prevention programs and policies and training and community education. The program also promotes and disseminates safety devices, and conducts public information campaigns. The program works collaboratively with schools and day care centers, health, social services, law enforcement, fire and EMS providers and a variety of community programs across Guam. The unintentional injury program address home, school and transportation safety.

The growth of Guam's adolescent population and growing awareness of adolescence as an opportunity for the prevention of health risk behaviors that the leading causes of death among this age group and major contributors to adult mortality have led Guam to expand its focus on adolescent health promotion.

An adolescent health team is in the process of development to implement strategies that will enhance the overall health of youth; promote services and policies that will be formed from a holistic youth development approach; address adolescent health disparity issues; to create partnerships among all public/private organizations that address adolescent health issues; and to track and assess the 21 Critical Objectives for Adolescent Health, Healthy People 2010. An adolescent health data report is in the process of being drafted and should be completed in the fall 2007.

The Guam Youth Risk Behavior Surveillance System (YRBS) is part of the national survey effort conduct by CDC to monitor student health risks and behaviors in six categories identified as most likely to result in negative outcomes. YRBS was designed to determine the prevalence of health risk behaviors among youth; to assess whether health risk behaviors increase, decrease, or stay the same over time; and to examine the co-occurrence of health risk behaviors. The categories in the survey include: Tobacco, Alcohol and Other drug Use; Unintentional Injuries and Violence; Adolescent Sexual Behavior; Weight and Nutrition and Adolescent Physical Activity. The survey provides comparable state and national data, as well as comparable data among subpopulations of youth. Health officials can use the data to monitor progress towards achieving Healthy People 2010 Objectives as well as guide health programs.

Preventive and Primary Care Services for Children With Special Health Care Needs (CSHCN)

Guam's MCH Program continually identifies areas and populations to seek out underserved Title V individuals in order to prioritize allocation of programs and resources. This on-going needs assessment activities assist in determining the importance of

competing factors upon the health care service delivery environment on Guam. Staff also use their knowledge to help identify and weigh those competing factors, which may limit the degree of accessibility or availability of MCH services across Guam.

The "Special Kids Clinic" that is in process at the Northern Region Community Health Center (NRCHC) serves as a medical home for may CSHCN. The Special Kids Clinics promotes a team-based approach to providing health care. Children and youth with special care needs may have many professionals invested in their physical and emotional well-being. Coordination of care is an essential activity to assure communication and planning among team members, including family, primary health care practitioners, specialists, community programs and insurance plans.

In addition, DPHSS also conduct a "Preemie Clinic" that is held at the Central Regional Health Center, once a month by a Neonatologists from Guam Memorial Hospital Authority (GMHA). In partnership with the PEDS program, appointments are made for recently discharged premature infants and other premature infants till the age of 12 months to see our physician Dr. Manuel De Castro for well child check-ups, immunization update, and referral to other needed medical services.

Recently, the DPHSS re-started the Genetics Clinic, in partnership with the Hawaii Community Genetic Program. The Hawaii Community Genetic Program represents collaboration between the Hawaii Department of Health, Kapiolani Medical Center for Women and Children, Queens Medical Center, the University of Hawaii John A. Burns School of Medicine. The clinics are planned to be a bi-annual activity with community of Guam. Children are referred by private/ public health physicians to be evaluated by the visiting team. The Program Coordinator III with the CSHCN program coordinates the event and works with the families to prepare for their appointment with the Genetics team.

MCH Newborn Screening Program facilitates newborn screening and follow up. Newborn screening is performed on every infant born on Guam. A blood test (by heel stick) is done on all infants shortly after birth to test for metabolic or genetic disorder. Follow up is done to obtain repeat screens.

The Early Hearing Detection and Intervention (EHDI) Program at the University of Guam screens all infants born on Guam for possible hearing impairments. Those found with hearing impairments receive early intervention and follow up services. The program provides brochures explaining newborn hearing and what to expect when an infant does not pass the hospital screening. To support the program, an Advisory Committee was formed, comprised of parents, consumers, public health professionals, physicians and other stakeholder agencies. The advisory committee is very active and supporting a variety of issues and a resource guide for parents and professionals has been developed.

Guam received an Early Childhood Comprehensive Systems (ECCS) grant late 2005. Guam's Early Childhood Comprehensive System Project Tinituhon (Tee nee tu' hun) is a collaborative project designed to plan, develop, implement and sustain an island-wide, cross-agency early childhood comprehensive system to support families and the island community of Guam to develop children who are healthy and ready to learn at school entry.

The Chamorro word Tinituhon, which means "the beginning", communicates how Guam has embraced the physical, social, emotional and educational needs of its young community. "The beginning" of a child's early life experiences requires that basic needs are met, to include a feeling of safety and security with a sense of belonging and love, in order to set the stage for young children to grow to become well adjusted, healthy and productive adults.

The MCH Social Worker and Children with Special Health Care Needs coordinator helps families access services to fit their needs and those of the child with a disability or chronic health care needs. Help is provided to identify services that may be needed, referral and access to these services and assistance in locating financial sources. The coordinator is also the family's link to the medical team and treatment process through the specialty clinics.

Specialty clinics that are held at the Department of Public Health and Social Services annually or biannually are teams, which may include specialty physicians, physical therapists, occupational therapists, and the family. The "teams" meet all at one time and in one place. "Team" membership depends upon the particular clinic that is to be held. The most important member of the "team" is the family. //2009//

C. Organizational Structure

/2008/

Governor Felix P. Camacho was born in Camp Zama, Japan, the son of the late Governor Carlos G. Camacho and Lourdes Perez Camacho. A graduate of Father Duenas Memorial School, he received a degree in business administration and finance in 1980 from Marquette University. Camacho has held positions with Pacific Financial Corporation and IBM Corporation. In March 1988, Governor Joseph Ada appointed him as deputy director of the Public Utility Agency of Guam. Eight months later, Camacho was appointed to the Civil Service Commission and later selected by the board to serve as its executive director. In 1992, Camacho was elected as senator in the twenty-second Guam Legislature, subsequently winning seats in the twenty-third, twenty-fourth, and twenty-sixth legislatures. In 2000, he was named the legislature's majority whip and chairman of the Committee on Tourism, Transportation, and Economic Development. Camacho was elected as Guam's sixth governor in 2002. He is a member of the Knights of Columbus and participates in many civic activities. He was honored as one of the Outstanding Young Men of America and received the Pacific Jaycees Three Young Outstanding People award.

Lieutenant Governor Michael W. Cruz, M.D. has spent his career in service to his island and his nation. As a surgeon, a Colonel in the Guam Army National Guard, a Senator in I Liheslaturan Guåhan and to his present role as the 8th elected Lieutenant Governor of Guam, he has always answered the call to serve.

While Lieutenant Governor Cruz has undertaken progressively greater levels of responsibility and leadership throughout his career, he has remained steadfast in his commitment to healing and treating people.

The Lieutenant Governor received his Bachelor of Science degree in Biology from Walla Walla College in Washington. He graduated from the Loma Linda University School of Medicine in California in 1984. Lieutenant Governor Cruz is certified by the American Board of Surgery, a Fellow of the American College of Surgeons and a member of the Guam Medical Society. Throughout his medical career, the Lieutenant Governor has held various leadership positions including Medical Director at the Guam Memorial Hospital Authority.

A veteran of Operation Desert Storm and Operation Iraqi Freedom, Lieutenant Governor Cruz has also served his nation directly on the front lines. As Commander of the Guam Army National Guard Medical Command, he played a significant role in providing treatment to sick and wounded soldiers. While on volunteer deployment to Iraq in 2003 and 2004, Lieutenant Governor Cruz assumed command of the elite Rapid Advanced Medical Team. In 2005, he was recognized for that period of service and awarded the Bronze Star Medal.

Lieutenant Governor Cruz's foray into the political arena began with his election to a seat in I Mina' Bente Ocho na Liheslaturan Guåhan. He served as Chairman of the powerful Committee on Health and Human Services, which maintained oversight of the government of Guam's healthcare related departments and agencies and was instrumental in providing increased funding to those entities. Lieutenant Governor Cruz was also author of legislation that dealt with fighting childhood obesity, addressing Medicare and Medicaid discrepancies and expanding qualifications for the Nursing Training Scholarship. He served as Vice-Chairman of the following committees: the Committee on Natural Resources, Utilities and Micronesian Affairs and the Committee on Aviation, Immigration, Labor and Housing.

The Lieutenant Governor co-founded and currently serves as President of the Ayuda Foundation, an organization which caters to the vital health needs of islands throughout the Pacific. He has also been recognized nationally, as he is a recipient of the 2004 National Governors Award.

A lifetime public servant, in 2003 Congresswoman Madeleine Z. Bordallo became the first woman to represent Guam in the U.S. House of Representatives. Ms. Bordallo brings to Congress over forty years of public service experience in the executive and legislative branches of the Government of Guam and numerous non-governmental organizations. The 110th Congress is Ms. Bordallo's third term.

Congresswoman Bordallo is a member of the House Committee on Natural Resources, and serves as the Chairwoman of Subcommittee on Fisheries, Wildlife and Oceans. She also has a seat on the Subcommittee on Insular Affairs, which has jurisdiction over issues affecting the insular areas. Congresswoman Bordallo is a member of the House Committee on Armed Services, and is a member of the Subcommittee on Readiness and the Subcommittee on Seapower and Expeditionary Forces.

Ms. Bordallo was introduced to public service through her husband Ricky, who served as Governor of Guam from 1975-1978 and 1983-1986. As First Lady of Guam, Madeleine was a strong advocate of promoting the indigenous Chamorro culture and the arts, both of which are lifelong passions. In between her husband's two terms as Governor, Madeleine Bordallo became the first woman from the Democratic Party to serve as a Guam Senator. She was a member of the 16th, 19th, 20th, 21st, and 22nd Guam Legislatures. Following the death of her husband, she ran for Governor in 1990, and in securing her party's nomination, she became the first woman on Guam to head a gubernatorial ticket. Although she was not successful in 1990, she teamed up in 1994 with Senator Carl Gutierrez as the Lieutenant Governor candidate on the Gutierrez-Bordallo ticket. She served two consecutive terms as Guam's first woman Lieutenant Governor from 1995 to 2002. In this role, she championed the cause of island beautification as a way to enhance Guam's tourism based economy.

Governor Camacho appointed PeterJohn Camacho, M.P.H. as Acting Director of both the Guam Memorial Hospital Authority and the Department of Public health and Social Services. In these dual roles, Mr. Camacho serves as the primary public health advocate and spokesman for Guam. He is the senior advisor to Governor Camacho on health matters, identifying priorities and outlining objectives to achieving these goals. Mr. Camacho sets overall policy and direction, defines the Department's mission and establishes strategic goals and outlines specific objectives. He prepares the annual budget submission to the Governor, identifying priorities and accountability in fiscal matters. He also proposes initiatives to further the Guam Department of Public Health and Social Services objectives and represents DPHSS and the Administration before other Government of Guam agencies, the legislature, professional organizations, the health care industry, community and stakeholder groups, consumers, and the general public.

The overall responsibility of the Department in its provision of social services is to remove social barriers which prevent persons from obtaining and maintaining the basic necessities of life, including medical care, nutrition and employment and to strengthen family life.

The Department of Public Health and Social Services consists of four divisions, which fall under two broad functional areas of services, public health and social services. The overall responsibility of the Department in the provision of health services is to promote, protect and maintain the health of Guam's residents by providing a variety of programs, which stress the prevention of disease and disability, and by meeting the needs of the medically underserved population.

The Division of Public Health and the Division of Environmental Health fall under the Department's health function. The Division of Public Welfare and the Division of Senior Citizens fall under the social service function.

The mission of the Division of Public Health is to assure development of systems of health services for all Guam citizens that are family-centered, coordinated, community-based, culturally appropriate, cost-effective and efficient. In addition, the Division has a goal of improving outcomes related to the health of Guam's MCH populations.

The Bureau of Family Health and Nursing Services (BFHNS), Division of Public Health, Department of Public Health and Social Services (DPHSS) administers the title V Maternal and Child Health (MCH) Program. DPHSS has been the Title V grantee since the 1960's. DPHSS is responsible for the development and evaluation of services relating to improving the health status of women, infants, children, children with special health care needs, adolescents and families on Guam.

Beginning in 1999, the MCH/CSHCN Program reported directly to the Chief Public Health Officer. The MCH/CSHCN Program is operated as a single organizational unit and serves as both the local and state agency. This single state agency is authorized to administer Title V funds and is responsible for both MCH and CSHCN services.

In 2006, this changed. The Acting Chief Public Health Officer moved the MCH/CSHCN Program back to the Bureau of Family Health and Nursing Services, one of five Bureaus within the Division of Public Health.

Other changes in the Division of Public Health include moving the Public Health Emergency Preparedness (Bioterrorism) Program from the Chief Public Health Office to the Bureau of Communicable Disease Control after the Bioterrorism Coordinator left the program; the moving of the Traumatic Brain Injury Planning grant program was moved to the Office of Emergency Medical Services, which was itself merged with the Health Professional Licensing Office; and the shifting of the Behavioral Risk Factor Surveillance System (BRFSS) to the Bureau of Professional Support Services (BPSS) after the Planner/Statistician (same person as BT Coordinator) left the Division. Unfortunately, the BPSS has no Statistician, nor anyone with any survey or statistical background, and will have to rely on the CDC's "canned" BRFSS reports for the core and supported module data. These reports are adequate for all variables except race/ethnicity; they do not delineate the multiple Asian or Pacific Islander groups that live on Guam. Any state-added questions, such as the ones on Guam's ethnic groups, village of residence, and a recently devised series of questions on betel-nut use, must be tabulated and interpreted locally.

With no statistical expertise within the Division of Public Health, this tabulation and interpretation may not be done for quite some time.

The Acting Director of the Department stepped down in June, 2007, to return to his classified post. Until a new Director can be named, the former Director, Mr. PeterJohn Camacho, is the Acting Director of DPHSS, as well as the Administrator of the Guam Memorial Hospital. He is assisted at DPHSS by Mr. J. Peter Roberto, the Deputy Director. Mr. Roberto was the former Director of the Department of Mental Health and Substance Abuse.

/2009/ The Acting Director, Mr. Peter John Camacho stepped down in June 2008. He is now the Administrator of Guam Memorial Hospital Authority. Mr. J.Peter Roberto, who previously was the Deputy Director of the Department, was tapped to be the Acting Director of the Department of Public Health and Social Services. The Department has not had a Chief Public Health Officer for some time however to fill the void there have been several Bureau and Section Heads in an "acting" capacity.

At the present time there is no Deputy Director for the Department of Public Health and Social Services. //2009//
An attachment is included in this section.

D. Other MCH Capacity

/2009/

The Department of Public Health and Social Services consists of four divisions, which fall under two broad functional areas of services, public health and social services. The overall responsibility of the Department in the provision of health services is to promote, protect and maintain the health of Guam's residents by providing a variety of programs, which stress the prevention of disease and disability, and by meeting the needs of the medically underserved population.

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The Office of Vital Statistics: The Office of Vital Statistics collects vital events data on Guam. The Office works with agencies and departments involved in births, deaths, marriages and divorces. The mission of the Office is the registration of births, deaths and other vital statistics. The Office generates the health statistics and leading causes of death. Due to technical and managerial personnel shortages, this office remains limited in its capacity to analyze data. Full computerization of the Vital Statistics Registry system is still not realized.

Office of Management Information Systems (MIS): This office is responsible for evaluating and recommending hardware and software for the various programs/divisions of the Department of Public Health and Social Services. Responsibilities include: installation, maintenance, training and ongoing support of all computer and communication systems. Additional roles include research and development of new applications for technological advancements, which can reduce costs while improving efficiency.

The Department of Public Health and Social Services (DPHSS) public health emergency preparedness efforts are coordinated activities with the Office of Homeland Security (OHS) and the Office of Civil Defense (OCD). This involves implementation of the CDC and HRSA Bioterrorism grants as well as DPHSS responses to natural disasters such as earthquakes, fires,

and floods. OHS and OCD works with programs throughout DPHSS to prepare for and respond as needed to emergencies.

Direct health care services are defined as basic health services. Such services are generally defined "one-to-one" between a health professional and a patient in an office, clinic or emergency room. Basic services include what most consider to be ordinary medical care, inpatient and outpatient services, allied health services, laboratory services, x-ray services, dental care and pharmaceutical products and services. The Title V Program supports services such as prenatal care, child health and family planning. Direct health care services also include health care services for children with special health care needs.

For children with special health care needs, there is a urgent need for a greater capacity of home and community-based supports, from in-home nursing to personal care services to respite care, to flexible family funding for services and equipment, that lie outside those traditionally considered medically necessary.

Enabling services are defined as services that allow or provide for access to and the derivation of benefits from the array of basic health care services. Enabling services include transportation, translation, outreach, respite care, health education, family support services, purchase of health insurance, case management and coordination of care. These kinds of services are especially necessary for the low-income population, which is disadvantaged, geographically or culturally isolated, and those with special or complicated health needs.

The need for outreach, information, and case management or service coordination services to assist low-income families to access health care and related services need to be increased. The systems have become more complex to negotiate for both applicants and recipients.

Care coordination services have become increasingly important in assuring that children are able to obtain the care and services they need. This is sometimes due to the increasing complexity of the health and service needs of children in the community.

For women and families with children, there continues to be a need for enhancement of the ability of primary care providers to function as Medical Homes. The need is particularly evident for families of children with special health care needs thereby improving comprehensiveness, collaboration, coordination, information and advocacy for children with special health care needs and their families, across all systems of care. Overall, attention is needed for defining quality care standards of practice and developing supports for clinical practitioners.

Population-based services are defined as services that are intended for and available to the entire population, rather than for a select group of individuals. Disease prevention, health promotion and outreach come under this heading. Oral health, injury prevention, nutrition and public education are topics, which also belong in this category. Population-based services are generally available for women and children regardless of whether they receive care in the public or private sector or whether or not they have health insurance.

Infrastructure-building services are defined as services that are directed at improving and maintaining the health status of a population. Included among those services are development and maintenance of health systems, standards and guidelines, training, data and planning. Needs Assessment evaluation, policy development, quality assurance information systems, and applied research are all contained within the infrastructure umbrella.

Role of the Parents: Parents have played a vital role in the program planning and evaluation, quantitatively, and qualitatively. Parents are involved in preliminary planning and implementation of each program. There are parent representatives on the EHDI council and the Guam Interagency Coordinating Council.

Laws that have been enacted with a impact on MCH:

Guam Public Law 27-71: An Act to Mandate the Guam Education Policy Board to Adopt a Comprehensive Policy Prohibiting Harassment, Intimidation, or Bullying at Public Schools, to be Known as "The Regina Guzman Anti-Bullying Act of 2003".

Significance for The MCH Program: Bullying is a red flag indicating risk and the need for prevention or intervention. Schools should have policies in place to address these issues.

Guam Public Law 27-122: An Act to Add a New Chapter 5 to Division 1 of Title 10 of the Guam Code Annotated, To Create a Medicine Bank Within the Guam Department of Public Health and Social Services.

Significance for The MCH Program: It is the intent of the Legislature of Guam to create a "Medicine Bank" within the Department of Public Health and Social Services, for the purposes of accepting pharmaceutical medicines, supplies and equipment from charitable, religious or nonprofit organizations, and pharmaceutical distributors, wholesalers, manufacturers and retailers; and, for distributing these donated items through the Community Health Centers and other institutional facilities that are government owned and operated as defined in this Act, for the lawful dispensing or distribution by these institutional facilities to eligible persons as defined in this Act. Because the intended donations of pharmaceutical medicines, supplies and equipment are often written off as tax losses for these companies and organizations, there will be no charge or cost to eligible individuals.The "Medicine Bank" will increase accessibility of these supplies through distribution at the Community Health Centers located in the northern and southern areas of Guam, and to various institutional facilities that are government owned and operated as defined in Section 5102 of this Act for the lawful dispensing or distribution by these institutional facilities to eligible individuals. This partnership between the "Medicine Bank" and the non-profit organizations, wholesalers, distributors, manufacturers and retailers is a step toward addressing the issue of affordable and accessible pharmaceutical medicines, supplies and equipment for our elderly, medically indigent and individuals with disabilities.

Guam Public Law 27-150: The Universal Newborn Hearing Screening and Intervention Act of 2004 (UNHSIA) for the Early Detection and Identification of Children with Hearing Impairments.

Significance for The MCH Program: It is the intent of the Maternal and Child Health Program to provide for the early detection and intervention of hearing loss in newborn children at the hospital or as soon after birth as possible, to enable these children and their families/caregivers to obtain needed multi-disciplinary evaluation, treatment and intervention services at the earliest opportunity and to prevent or mitigate the developmental delays and academic failures associated with late identification of hearing loss.

Guam Public Law 28-36: An Act to Establish a Compensation Plan for Review for Certificated Personnel and Healthcare Professionals of the Department of Education.

Significance for The MCH Program: The Maternal and Child Health Program has found that teacher and healthcare professionals' compensation is a significant deterrent to recruitment. Teachers and healthcare professionals are still paid less than professions that require comparable education and skills. Moreover, teachers and healthcare professionals still are not valued and respected to the extent of their actual contributions to society. While the Maternal and Child Health Program recognizes that solving the teacher and healthcare professional shortage is not strictly a numbers game, it also recognizes the need to bring more young people into the teaching and healthcare profession, as well as the need to hold onto the quality teachers and healthcare professionals already hired -- both the beginning teachers and healthcare professionals as well as the more seasoned ones.

Guam Public Law 28-87: An Act to Repeal and Reenact Section 3207, Article 2, Chapter 3,

Division 2, Title 17 of the Guam Code Annotated, Relative to Providing a Confidential Report of a Student's Body Mass Index and Written Information to Parents or Legal Guardians of Students Who Have a Body Mass Index Above or Below the Normal Range, and to Provide for "The Local Wellness Policy" Utilizing The Body Mass Index.

Significance for The MCH Program: Weight and eating disorders are increasing among adolescents. Good nutrition is essential for good health, for healthy growth and development, and for feeling well. People who develop poor eating patterns in childhood often continue these patterns into adulthood, increasing their risk for poor health and developing chronic diseases. Poor diet increases the risk for heart disease, Type II diabetes and osteoporosis. A poor diet also can promote the development of disease risk factors such as obesity, high blood pressure and high cholesterol. This Public Law is related to Guam's State Performance Measure # 7 -- The percent of Guam high school students who are overweight.

Guam Public Law 28-62: An Act to Amend SS90100, SS90103, SS90105 and SS90107 of Chapter 90, Division 4 of Title 10, Guam Code Annotated, Relative to the Regulation of Smoking Activities, To Be Known as The "Natasha Protection Act of 2005."

Significance for The MCH Program: More states are following suit and have enacted legislation to regulate smoking in facilities such as restaurants in order to protect employees and non-smoking clientele from the harmful effects of second hand smoke.

Non-smoking island residents may find tobacco smoke to be a nuisance, but there are others such as those who suffer from asthma may also find tobacco smoke not only a inconvenience but detrimental to their health.

Furthermore, fourteen (14) year old Natasha, diagnosed with osteosarcoma, a rare bone cancer that could metastasize, and eventually spread to her lungs, is limited to patronizing dining establishments with her family during extremely early or late evenings to avoid tobacco smoke which would further compromise her health. The effects of second-hand smoke complicate Natasha's medical condition.

Guam Public Law 28-25: An Act to Amend SS67.401.2.2 to Chapter 67 of Title 9 Guam Code Annotated, Relative to Regulating the Sale of Butane, Propane and Other Inhalants to Minors.

Significance for The MCH Program: The Maternal and Child Health Program is on the list of entities that will receive the updated listing of known inhalants with potential for abuse.

E. State Agency Coordination
/2009/

Project DREAMS- Realizing that many parents need support, information and resources to help their children succeed in school, Guam's Positive Parents Together, Inc. (a coalition of parent groups) has undertaken Project DREAMS. Dedicated to Reaching Excellence and Maintaining Success, the project brings together parents, youth, public school teachers and administrators, public agencies and private services providers. The primary approach is outreach. The organization, through partnerships plans to: 1) develop and implement successful and effective parental involvement polices, programs and activities; 2) develop and implement effective school-based strategies that will strengthen partnerships among parents, teachers, administrators and other school personnel in meeting the educational needs of children; 3) develop and implement effective community outreach strategies that increase parent knowledge and skills for improving student achievement and 4) establish, expand and operate effective early childhood research-based strategies and practices that

are culturally appropriate.

Sanctuary Inc. operates two temporary emergency shelters on Guam. In addition, they provide drug and alcohol educational workshops for middle and high school students and drug and alcohol workshops, assessments and referral to youth in crisis and their parents. Sanctuary Inc. also provides crisis mediation services, counseling and referral services and support groups for youth in crisis and their families and provides a summer parent-child conference to promote a drug and violence free lifestyle.

The Alee Shelter is an organization operated by Catholic Social Services with funding from the Department of Public Health and Social Services, Child Protective Services. The Alee Family Violence Shelter is a temporary emergency shelter for battered women and children. The Alee Shelter is a temporary emergency shelter for children from newborn through 17 years old who are removed from their homes by the Family Court of Guam.

Ina'fa Maolek provides Guam schools with peer mediation programs geared toward reducing reported incidents of violence on Guam. To date, school administrators, peer mediation coordinators, teachers, alcohol aides and parent volunteers have demonstrated significant awareness, confidence and knowledge of peer medication and alternative conflict resolution as a viable program for violence prevention. In support of Peer Mediation Ina'fa Maolek provides specialized conflict resolution workshops for students including: 1) Date Rape/Dating Violence; 2) Bullying; 3) Hate Crimes (Racial-Ethnic Conflict); 4) Suicide; 5) Sexual Harassment; 6) Rumors & Gossip; 7) Peer Pressure & Smoking (Drugs) (Drunk Driving/Drag Racing); 8) Bulimia; 9) Bystander Response ("Good Samaritan").

The DARE Program, which is affiliated with the Guam Police Department, identifies children that are likely to have been led by their peers to experiment with tobacco, drugs and alcohol. The program provides students wit the skills for recognizing and resisting social pressures to experiment with alcohol, tobacco and drugs. The program assists students in enhancing their self-esteem; develop skills in risk and decision-making and ion building interpersonal and communication skills.

The Youth for Youth (YFY) Organization on Guam is designed to involve the youth in developing, implementing, and evaluating drug prevention programs for themselves. It is a comprehensive year-round program, which includes drug education, personal growth, decision-making, and positive peer support for being drug free. Youth for Youth members empower their peers with knowledge and skills to promote healthy, drug-free lifestyles.

The Ayuda Foundation is a 501C-3 organization comprised of programs that deal with specific issues in our community.
-Medical Missions to Micronesia- Emergency medial aide to outer lying isolated islands in our region in time of disaster.
-Reach Out & Read- Early Literacy Program, encouraging parents to read by working with nurses and doctors at our Public Health Centers to promote reading by giving out books and promotional items.
-AIDS Education Project- Works with National Coalition to keep up with current treatments and issues dealing with persons with AIDS and their families.
-Island Girl Power- Mission to decrease the numbers of teen pregnancy, suicide, substance and sexual abuse, by offering educational, and horizon expanding activities and positive lifestyle alternatives.
-Books to Schools- Seeks to utilize our outdated books and resources to assist our island neighbors.

WIC - the Supplemental Feeding Program for Women, Infants and Children offers nutritional education and counseling for mother and baby, breastfeeding education,

developmental information for babies. Further, an in-house public health clinic offers comprehensive prenatal care. WIC assists the Title V programs in meeting data requirements in satisfaction of federal data reporting requirements.

Guam Breastfeeding Coalition -- I Lechen Susu Mas Maolek gaols are to increase the incidence and duration of breastfeeding for the maternal and infant populations of Guam. The Coalition strives to meet the breastfeeding objectives that are outlined in the Healthy People 2010 which states that by the year 2010, 75% of women will leave the hospital breastfeeding, 50% will continue to breastfeed for 6 months and 25% will continue breastfeeding for 12 months.
The position of the Guam Breastfeeding Coalition is: 1) All parents will be provided with adequate information during the prenatal period about the maternal and infant benefits of breastfeeding; 2) Hospitals and clinics will develop and implement written protocols that reflect current research regarding the management and support of breastfeeding; 3) All health care professionals will receive adequate basic and ongoing training in the theoretical and practical aspect of breastfeeding; and 4) public awareness of the importance of breastfeeding will be heightened through various education and promotional efforts.

Developmental Disabilities Planning Council - The bureau now has a Governor appointed Advisory Council member representing the Department of Public Health and Social Services. This respresentative advocates for persons with developmental disablilites. In addition, our representative acts as an member of the interagency team focused on meeting the needs of children with special health care needs. Assists families in the development of the Individual Service Plans.

Special Education - Assists in meeting the service needs of the CSHCN population, assists in assuring that all services are provided to the CSHCN population, acts as a member of the interagency team focused on the needs of CSHCN, assists in the development of Individual Family Plans for families of CSHCN.

I Pinangon- I Pinangon means "awakening" in Chamorro, and signifies the program's primary goal of raising awareness of the problem of suicide in our communities. Through educating the University community about suicide prevention measures and practices, I Pinangon strives to decrease Guam's high suicide incidence rate.
In 2005, I Pinangon was created through a federally funded grant awarded to the University of Guam by the U.S. Department of Health and Human Services division of Substance Abuse and Mental Health Services Administration.
I Pinangon is affiliated with the University of Guam's Isa Psychological Services Center, where psychological assessment and treatment services are provided by licensed clinical psychologists and student trainees from the Psychology Program in the College of Liberal Arts & Social Sciences.

The GUAHAN Project addresses issues of HIV/AIDS prevention and care on Guam. GUAHAN works closely with the University of Guam Social Work program to present discussions and presentations that address social problems on Guam, particularly with respect to HIV/AIDS. Has also been instrumental in developing a case management Care Plan for people living with HIV/AIDS on Guam. GUAHAN Project's approach to the social work community is one of progressive empowerment for positive change. Program areas include establishing a Gender Institute that will address sexuality and marginalized populations affected by sexuality issues through discrimination, violence, lack of support, and social injustices.

The GUAHAN Project unveiled the Pacific Resource and Training Center on September 30, 2006. This new center will serve pacific island jurisdictions with health resources and training opportunities that address HIV/AIDS, tuberculosis (TB) and sexually transmitted

infections throughout the U.S. territories. The Pacific Resource and Training Center is made possible by an award from the federal Office of Minority Health (OMH) and its Resource Center (OMHRC).

In 2001, representatives from six Pacific Island Jurisdictions (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam and Republic of Palau, and the Republic of the Marshall Islands) came together to form the Pacific Island Jurisdictions AIDS Action Group (PIJAAG) to address the state of HIV prevention and care services in their respective jurisdictions. PIJAAG advocates for the provision of quality HIV prevention and care services in the region; advises national, international, and local policy entities on HIV/AIDS; and strengthens and coordinates AIDS activities through the sharing of information and resources within the region.

The Western States Regional Genetics Services Collaborative is a federally funded project that seeks to improve the health of children living in the western states/territory. By working together as a region to coordinate and increase access to genetic services, the participating states/territory will improve the health of children with disorders detected by the newborn screening blood test, birth defects and with other genetic disorders.
The project has three main goals:

Goal A: Establish and maintain the infrastructure needed to support the Western States Regional Genetic Services Collaborative activities.

Goal B: Refine, pilot, and evaluate a regional practice model that improves access to specialty genetic services, comprehensive primary care, and care coordination for children with heritable conditions living far away from comprehensive genetics and metabolic centers.

Goal C: Increase the capacity of the collaborating states' and territory's public health agencies to perform their genetics-related assessment, policy development, and assurance functions.

The bureau now has an appointed Medical Director to review all abnormal metabolic screeing results. We are currently finalizing our Standard Operating Procedures regarding the tracking of all abnormal results. Inclusion in this SOP is the follow up process in locating infants by our Island-wide Community Health Nursing Home Visiting services. A newly developed data base has also been implemented for the Metabolic and Genetic screening program.

The Goals and Objectives of the project are:

1. Establish and maintain the infrastructure needed to support the Western States
2. Facilitate collaborative efforts among the region's genetic specialists, families, primary care providers, state genetic programs, state newborn screening programs, CSHCN programs, and others to complete the collaborative activities.
3. Refine, pilot, and evaluate a regional practice model that improves access to specialty genetic services, comprehensive primary care, and care coordination for children with heritable conditions living far away from comprehensive genetics and metabolic centers.
4. Improve access to specialty metabolic genetic services for children with suspected or confirmed metabolic conditions.
5. Improve access to clinical genetic specialty services for children with suspected or confirmed genetic conditions and congenital malformations.
6. Improve access to comprehensive primary care for children with heritable conditions.

7. Improve access to public health nurse care coordination services for children with heritable conditions.
8. Increase the capacity of the collaborating states' and territory's public health agencies to perform their genetics-related assessment, policy development, and assurance functions.
9. Develop strategies to measure health outcomes for children with heritable conditions and use the results to evaluate the practice model.
10. Develop tools to evaluate access to genetic services for families living at a distance from comprehensive genetic and metabolic centers and use the results to evaluate the practice model.//2009//

F. Health Systems Capacity Indicators

Introduction
/2009/

Health Systems Capacity Indicators are used as a monitoring and assessment tool. They are used to measure the effectiveness in maintaining or improving the overall health of the population, including pregnant women, infants, children, children with special health care needs and adolescents.

The program's ability to maintain or improve the Health Systems Capacity Indicators is facilitated by review of the data to determine if we are moving in the right direction. This information may tell us that we need to continue doing what we are already doing, or change and adapt what we are doing or discontinue.

The availability of information based on valid, consistent data is an important requirement for the analysis and objective appraisal of the health situation, evidence based decision-making and the development of strategies to promote health among the people of Guam. //2009//

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Indicator	271.6	372.0	95.8	116.6	148.0
Numerator	467	632	159	188	236
Denominator	17193	16990	16590	16122	15942
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2007
The data presented is children aged 0 thhrough age 9.

Narrative:

/2008/

The Title V Guidance requires all States and jurisdictions to report annually on selected Health System Capacity Indicators (HSCI) that assess the capacity of the health care system to address the needs of the MCH population. Since these HSCI's measure services provided through Medicaid, State Child Health Insurance Programs (SCHIP), and Supplemental Security Income (SSI), it must be noted that allotments to the island of Guam are capped and SSI is not available.

Asthma is a useful indicator of the effectiveness of preventative disease management in both children and adults. Proper access to medical care and quality clinical management of asthma within a medical home can prevent hospitalization and markedly improve the quality of life for children and adults with asthma. In 2006, 188 children less than 5 years old were discharged from Guam Memorial Hospital Authority (GMHA) for asthma treatment.

In 2007, 236 children 0 to 9 years old years old were discharged from Guam Memorial Hospital Authority (GMHA) for asthma treatment. The largest number of children admitted for asthma were in the 13 month to 9 year old with 170 children being discharged.

As more professional education and awareness surrounding the issue of asthma and the use of anti-inflammatory medications and bronchodilators, environmental and household triggers, the need for hospitalization may gradually decline. Dealing with asthma should be a partnership between public and private healthcare providers.

Education activities include asthma prevention and education programs for families and an individual includes tobacco and smoking cessation; reduction in tobacco smoking among mothers of young children and the effects of second hand smoke.

The lack of a medical home and inappropriate asthma management are directly related to the increased probability of unnecessary hospitalizations. Asthmatic children unable to gain access to primary care or prescription medications due to uninsured or underinsured status are also at a greater risk of needing hospitalization.

Guam Public Law 28-62: An Act to Amend SS90100, SS90103, SS90105 and SS90107 of Chapter 90, Division 4 of Title 10, Guam Code Annotated, Relative to the Regulation of Smoking Activities, To Be Known as The "Natasha Protection Act of 2005."

Significance for The MCH Program: More states are following suit and have enacted legislation to regulate smoking in facilities such as restaurants in order to protect employees and non-smoking clientele from the harmful effects of second hand smoke.

Non-smoking island residents may find tobacco smoke to be a nuisance, but there are others such as those who suffer from asthma may also find tobacco smoke not only a inconvenience but detrimental to their health.

Furthermore, fourteen (14) year old Natasha, diagnosed with osteosarcoma, a rare bone cancer that could metastasize, and eventually spread to her lungs, is limited to patronizing dining establishments with her family during extremely early or late evenings to avoid tobacco smoke which would further compromise her health. The effects of second-hand smoke complicate Natasha's medical condition.

Guam has one of the highest smoking rates and second hand smoke is a known irritant for asthma. Appropriately, so, tobacco monies are being used to address the environmental factors that increase the risk of developing asthma or exacerbate the disease. Although Guam MCH is not the home for asthma education activities. MCH has a role in prevention via education of parents and children, plus a direct clinical care role which includes: 1) addressing maternal

smoking during pregnancy and/or early infancy, and 2) making available medication to control persistent asthma.

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Indicator	4.3	12.0	10.9	4.9	2.5
Numerator	39	877	233	53	30
Denominator	909	7325	2142	1072	1212
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

/2009/
On Guam, the MCH population with incomes 100% below Federal Poverty level qualifies for the government insurance plan, the Medically Indigent Program (MIP).

Because of its territorial status, Medicaid funds allotted to Guam are significantly lower than the amount it would be entitled to if it were a State. Therefore, Medicaid funds are insufficient to provide services for all Medicaid eligible children.

Information for HSCI #02 was obtained from Medicaid form HCFA 416 the Annual EPSDT Participation Report. Based on the data provided, it seem that most individuals enrolled are receiving some periodic screening. However, the consistency and quality of the screening and the thoroughness of referrals, follow-up and treatment are areas of concern. A number of programs (MCH, WIC, Early Intervention, etc.) work to assure that all infants, including those on Medicaid receive comprehensive screening and referrals.

The Early Periodic Screening, Diagnostic and Treatment (EPSDT) program provides well child and comprehensive pediatric care for children and adolescents through age 20. Participation as an EPSDT screening provider is voluntary. The EPSDT program was expanded in the Omnibus Budget Reconciliation Act of 1989 to allow additional services. The acronym EPSDT stands for: Early A Medicaid-eligible child should begin to receive high quality preventive health care as early as possible in life. Periodic Preventive health care occurring at regular intervals according to an established schedule that meets reasonable standards of medical, vision, hearing, and dental practice established by recognized professional organization. Screening An physical examination using quick, simple procedures to sort out apparently well children from those who have a disease, condition, or abnormality, and to identify those who may need further diagnosis, evaluation, and/or treatment of their physical and mental problems. Diagnosis The determination of the nature or cause of physical or mental disease, conditions, or abnormalities identified during a screening. Treatment Any type of health care or other measures provided to correct or improve defects, physical and mental illnesses, or chronic conditions identified during a screening.

In 2007, there were 19,252 individuals eligible for EPDST. There were 1,212 children less than

one-year-old eligible for services under EPSDT. This is an increase of 13.06% from 2006. In 2006, 1,072 children less than one year of age were eligible for EPDST services. The total eligible that should have received at least one initial or periodic screen was 1,212 and the total eligible that received at least one initial or periodic screen was 30. The low number of eligible children receiving at least one initial or periodic screen may be due to the low number of physicians who will see EPSDT children. Private physicians hesitate to participate in the Medically Indigent Program and Medicaid, which are types of heath insurance for the poor, because of the lack of payment from the Department of Administration.

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Indicator	0.0	0.0	0.0	0.0	2.5
Numerator	0	0	0	0	30
Denominator	1	1	1	1	1212
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2007

The SCHIP benefits became available to Guam in 1998. This program allows States and territories to choose from three different options when creating a plan to cover under-served children. These are: establishing a new children's health insurance program, expanding current Medicaid programs, or a combination of both strategies. Currently, Guam is using its allotment to expand Medicaid eligibility.

Information for HSCI was obtained from Medicaid form HCFA 416 the Annual EPSDT Participation Report. Based on the data provided, it seem that most individuals enrolled are receiving some periodic screening. However, the consistency and quality of the screening and the thoroughness of referrals, follow-up and treatment are areas of concern. A number of programs (MCH, WIC, Early Intervention, etc.) work to assure that all infants, including those on Medicaid receive comprehensive screening and referrals.

Notes - 2006

This HSCI is not fully applicable to Guam, due to the Medicaid cap. Unlike the funding received by U.S. states, the Medicaid and SCHIP funding are capped. Guam receives a maximum of $6.68 million a year.

Narrative:

/2008/

Since SCHIP is a Medicaid expansion program on Guam, separate service utilization data is not available for SCHIP enrollees at this time.

The MCH Program will continue to: support delivery of preventive health services, such as health screenings and immunizations; screen infants and children seen in the public health clinics for Medicaid eligibility; provide technical assistance to the Medicaid program on issues related to access to services for children; and promote the Medical Home concept through Guam's Early Childhood Comprehensive System Project Tinituhon (Tee ne tu' hun). //2008//

/2009/ The SCHIP benefits became available to Guam in 1998. This program allows States and territories to choose from three different options when creating a plan to cover under-served children. These are: establishing a new children's health insurance program, expanding current Medicaid programs, or a combination of both strategies. Currently, Guam is using its allotment to expand Medicaid eligibility. //2009//

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Indicator	NaN	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	1	37497	37848	38178
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2007

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

Notes - 2006

Title V has made efforts to increase access and utilization of prenatal care and to decrease the occurrence of low and very low birth weight infants, and to ensure that an optimum number of number of women whose expected prenatal visits are greater than or equal to 80% on the Kotelchuck Index.

Narrative:

/2009/

Early preventive prenatal care and education are recognized as the most cost effective ways to improve pregnancy outcomes. The Department of Public Health and Social Services has a commitment to the goal of ensuring healthy births, reducing the incidence of low birth weight and improving the health status of Guam's children. The Department operates two regional community health centers, one in the northern area of the island

and one in the southern area. Both community health centers offer comprehensive prenatal care services to insured, uninsured and underinsured women.

The MCH Program conducts an Early Prenatal Counseling Class (EPCC) and Breastfeeding classes, EPCC provides the clients of how what to expect during pregnacy, body changes, infant growth, health hazards, keeping a healthy diet and lifestyle, and more information on the adverse effects of alcohol, recreational drugs and tobacco usage during pregnancy, and also educate on postpartum care and family planning.
The Breastfeeding classes promote breastfeeding and provide a resource group to support breastfeeding mothers.

During 2007, there were 308 participants involved in EPCC. The average age of the participants was 19 years of age. Forty seven percent (47%) of the clients were Chamorro, twenty seven percent (27%) Chuukese. Filipino clients were the third highest in participation with ten percent.

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional fundingor staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data.

The Community Health Centers are using Health Pro data to measure first trimester entry into prenatal care. In 2006, 11.6% of pregnant women received care in the first trimester of their pregnancy; this is down from 13.5% and 14.8% for the years 2004 and 2005 respectively. Women from the Federated States of Micronesia had an entry rate of 9.2% for 2005 and 10.2 in 2006. The Community Health Centers anticipates that because of a part-time OB/GYN physician working additional hours there will be a gradual increase in the percent of women
seeking prenatal care in the first trimester. However, the part--time OB/GYN, who is also employed at the Guam Memorial Hospital, worked at the Community Health Center for a short period of time. //2009//

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Indicator	NaN	NaN	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	0	1	1	1
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

/2009/

As an unincorporated territory of the United States, Guam is eligible for Medicare, Medicaid and other federal support for public health. As Medicaid benefits are capped at $6.98 million, the Government of Guam also has a locally funded program of medical assistance, the Medically Indigent Program (MIP).

The Guam Maternal and Child Health Children with Special Health Care Needs Registry captures insurance staus for the children. As of the second quarter of 2007, the CSHCN Registry contained 1,225 referrals. The insurance status for the 1,225 is as follow: 387 (32%) had private insurance; 350 (29%) were found to be insured through government subsidy such as the Medicaid program or the Medically Indigent program and 488 (40%) were found to have no insurance.

Caregivers of CSHCN are reporting that their insurance companies exclude medical coverage on "chronic orthopedic deformities". This will result in an increase for assistance in securing authorization for medical services from uninsured and insured patients.

In addition, patients with certain insurance policies are obligated to meet the standard deductible fee prior to obtaining a certain percentage of health coverage (patient pays 20% of their health care bill while the insurance companies provide coverage for the remaining 80% of the bill). Furthermore, certain health insurance companies will offer additional benefits by offering patients to obligate themselves to a minimum of $1,500 of medical expenses per member prior to receiving 100% coverage thereafter. This of course creates a tremendous financial burden on families especially hose families with CSHCN patients who require out-of-the ordinary health care. //2009//

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Indicator	6.2	4.8	4.0	30.6	19.4
Numerator	232	348	164	587	716
Denominator	3750	7325	4133	1918	3692
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

/2009/ The Dental Section of the Division of Public Health is responsible for the implementation of Public law 24-196 mandating basic dental services for Guam's eligible children below the age of 17. The scope of dental services provide includes examinations, x-rays, diagnosis and cleaning and sealing of teeth, fluoride treatments and the

performance of other treatments as required. Orthodontic treatment, complicated oral surgery and root canal therapies are not performed, but appropriate referrals are made.

Title V and the Dental Section provides dental health education on sealants and fluoride varnish treatments to schools and community groups.

In 2007, there were 19,252 individuals eligible for EPDST. There were 1,212 children less than one-year-old eligible for services under EPSDT. This is an increase of 13.06% from 2006. In 2006, 1,072 children less than one year of age were eligible for EPDST services. The total eligible that should have received at least one initial or periodic screen was 1,212 and the total eligible that received at least one initial or periodic screen was 30. The low number of eligible children receiving at least one initial or periodic screen may be due to the low number of physicians who will see EPSDT children. Private physicians hesitate to participate in the Medically Indigent Program and Medicaid, which are types of heath insurance for the poor, because of the lack of payment from the Department of Administration.

There were 584 children eligible for dental services. Of this, 556 total eligible receiving any preventive services or 95.21% and 469 total eligible receiving dental treatment services or 80.31% //2009//

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Indicator	NaN	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	1	1	1	1
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2006
This HSCI is not applicable to Guam; SSI benefits are not available to children with disabilities. The Medicaid Program does not provide these services. Rehabilitative services are provided through the Department of Education Special Education Program and the Title V Program

Narrative:
/2008/

This HSCI is not applicable to Guam. SSI benefits are not available to children in this age group with disabilities on Guam. //2008//

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 *Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State*	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of low birth weight (< 2,500 grams)	2006	other	0	0	0

Notes - 2009

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

/2009/
It is hoped that with the new fiscal year, the department may be able to hire the much needed data entry positions. Employers generally hire high school graduates who meet their requirements for keyboarding speed. However, Public Law 29-100 has changed the requirement of a high school diploma for employment within the government of Guam.

Because of its territorial status, Medicaid funds allotted to Guam are significantly lower than the amount it would be entitled to if it were a State. Therefore, Medicaid funds are insufficient to provide services for all Medicaid eligible children.

The Community Health Centers are one of handful of providers accepting clients who are Medicaid or MIP eligible. Private providers in the community are not accepting Medicaid or MIP clients or clients that are uninsured. As such these clients are turning to the Community Health Centers, primarily because they cannot afford to make a deposit upfront and do not have the financial resources to cover the medical cost "out of pocket". The Community Health Centers offer a sliding fee schedule, which is promoted through a variety of methods. //2009//

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 *Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all*	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL

MCH populations in the State					
Infant deaths per 1,000 live births	2006	other	0	0	0

Notes - 2009

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

/2009/

The Department of Public Health and Social Services continues to have trouble in retaining staff and hiring qualified candidates. Although the length of time required to advertise, recruit and fill positions has somewhat diminished, there is still a significant period between the time when a candidate is identified and when the offer of employment is made. During this interval, many applicants accept other positions.

In 2008, there were 58 Full Time Equivalent (FTE) primary care physicians actively practicing on Guam. With a civilian population of 167,226 and a FTE of 58, Guam's population-to-primary care physician ratio is 2,893 to 1. While this ratio does not meet the minimum ration for a shortage designation, it is still insufficient to meet the demand for health care services.

The General Fertility Rate (GFR; births per 1,000 women 15 - 44 years) for the civilian population of Guam in 2005, the last year for which we have detailed birth data available, was 88.1. The GFR for the total population in 2007 was 91.7.

The infant death rate for the civilian population in 2005 was 12.7 per 1,000 live births, an improvement over the 2004 rate, which was13.6 infant deaths per 1,000 civilian live births. The infant death rate for the total population was 13.47 in 2006 and 10.0 in 2007.

In addition to having an overall high infant mortality rate, the infant death rate of the Chamorro population, the largest single population group on Guam, is also high. In 2004, the IMR for infants born to civilian Chamorro mothers was 14.3 deaths per 1,000 live births; this improved slightly in 2005 to 9.3. The Micronesian population, Guam's newest group of immigrants, has an extremely high infant mortality rate, as well: 15.5 infant deaths per 1,000 live births in 2004, which increased to 23.1 in 2005. The Chuukese population, the largest single FSM ethnicity on Guam, had rates of 15.4 in 2004 and 24.6 infant deaths per 1,000 live births in 2005.

Fetal deaths are also worth examining. For Guam's civilian population overall, the fetal death rate in 2004 was 11.2 deaths per 1,000 live births and fetal deaths. In 2005, the fetal death rate for the total population was 13.85.

Many women delay seeking prenatal care, or do not seek any, primarily because of lack of

money, insurance, appointment availability, and transportation. Fewer than 60% of all births in 2004 and 2005 had prenatal care that began in the first trimester. In 2004, 6.5% of mothers sought prenatal care only in the third trimester, and 8.3% had no prenatal care. These rates were similar in 2005, where 6.3% of mothers had no care and 6.2% had care that began in the third trimester. This was 15% of births in 2004 and 12.5% of births in 2005 with late or no prenatal care.

Lack of prenatal care may contribute to the increase seen in low birth weight among civilian mothers in 2004 and 2005. Low birth weight babies were 8.9% of all civilian births in 2004, and increased to 9.8% of civilian births in 2005. Mothers who delayed care until the second trimester saw an increase in low birth weight babies, from 8.1% in 2004 to 8.9% in 2005; for those who had no care, the proportion of low birth weight babies increased from 12.5% in 2004 to 17.5% in 2005. //2009//

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2006	other	0	0	0

Notes - 2009

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

/2009/

Unemployment and no health insurance affect the ability of persons to receive medical care. In March 2006, the unemployment rate for the civilian labor force was 6.9%, nearly 50% higher than the 2006 U.S. rate. As most health insurance is received through employment, an increase in unemployment means an increase in those with reduced or no health insurance. Of the adult population surveyed in the Behavioral Risk Factor Surveillance System, those reporting no form of health coverage increased from 18.6% in 2001 to 19% in 2007. A door-to-door Household Income and Expenditure Survey (HIES) conducted in 2005, which included a Health Insurance Supplement, found that 29.6% of

the population had no form of health coverage. This equates to approximately 46,900 civilian persons. Those under the age of 65 had 25% with no coverage, and those under 18 had 26% of their population with no coverage. This was in addition to increases in the numbers seeking public insurance, in the form of Medicaid or the locally funded Medically Indigent Program (MIP). In 2000, there were 1,206 persons on Medicaid and 1,198 on MIP. By 2005, there were 7,908 on Medicaid and 4,352 on MIP. Thus, the civilian population of Guam that could be considered under- or uninsured numbers over 59,000, or 37.3%. With the MIP Reform law, MIP patients must seek primary health care services at the Community Health Centers. MIP patients in need of services that are unavailable at the CHCs, or those in need of specialty care are referred to private physicians who are willing to see them. Due to the delayed and cumbersome reimbursement process, many physicians are not paid in a timely manner so they refuse to see both MIP and Medicaid patients. This severely reduces their access to medical and ancillary care.

Lack of access, whether because physicians will not accept new patients, will not accept uninsured patients, or because people are reluctant to seek care if they cannot pay, leads to high rates of communicable disease. In 2007, Guam experienced a rate of new tuberculosis cases that was 12 times the rate in the U.S. (53 per 100,000 for Guam vs. 4.4 per 100,000 for the U.S.). The rate was even higher in the Micronesian (178.9) and Filipino (63.5) populations, both of which have a high proportion of immigrants. Sexually transmitted infections also increased in 2007; while not at an historic high, they were anywhere from 19% (Chlamydia) to 88% (Syphilis) higher than U.S. rates. Again, the Micronesian population had significantly higher rates than either the Guam or the U.S. populations for Chlamydia (over 200% higher) and Syphilis (over 900% higher). This population, whether because of language and cultural barriers, lack of employment and insurance or poor access to health care prior to their movement to Guam, generally presents for care later in illness or pregnancy, and often has multiple health problems needing attention.

Chronic disease also presents a problem for the civilian population of Guam. Many persons suffer from more than one chronic disease. Of the total visits to GMHA in Fiscal Year 2007, 59% of Emergency Room, 64% of Inpatient, and 1% of Outpatient discharges had co-morbidities.

In 2000, 23% of persons and 20% of families had incomes below the poverty level. This was an increase from the 16.7% of persons and 16.3% of households in poverty recorded in the 1990 Census. There has been no inter-censal updating of the proportion of the civilian population with incomes below the poverty level. However, an equivalent measure of the economic status of the population of Guam is the number of persons on Public Assistance. In the 2000 census, 4,211 households reported receiving income from Public Assistance. This was comparable to the 4,283 persons reported by the Division of Public Welfare to be receiving benefits in 2000. By 2005, the number receiving Public Assistance benefits had grown to 15,764.

The Community Health Centers submitted the 2006-2007 Community Health Center Financial Status Report (FSR) to HRSA Office of Grants Management and the CHC Region IX Project Officer and the entire federal award of $1,051,836 was utilized (zero unobligated federal balance). Given the outstanding performance of the Guam Community Health Centers (i.e., timely submission of UDS and FSR reports, zero unobligated federal balance, active participation in the national diabetes collaborative, and submission of diabetes data to the Pacific West Cluster via California Primary Health Care), HRSA increased the CHC federal funding by an additional $23,000 dollars this year. Thus, the CHC federal grant awarded to Guam is now $1,074,836. The CHCs also submitted the Health Care and Other Facilities Financial Status Report and all federal funds were spent (zero unobligated federal balance). //2009//

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2006	other	0	0	0

Notes - 2009

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

Nationally, federal health agencies, insurance companies, health researchers and policy groups promote the need for a "continuum of care" with patients. It is recognized that continuity of coordinated, quality care is the best model of care for patients and is the most cost effective method for providing and paying for services. A continuum of care is best achieved through consistent access to quality health providers.

As stated earlier, early preventive prenatal care and education are recognized as the most cost effective ways to improve pregnancy outcomes. The Department of Public Health and Social Services has a commitment to the goal of ensuring healthy births, reducing the incidence of low birth weight and improving the health status of Guam's children. The Department operates two regional community health centers, one in the northern area of the island and one in the southern area. Both community health centers offer comprehensive prenatal care services to insured, uninsured and underinsured women.

Efforts to improve these indicators are conducted by the MCH Program. The MCH Program provides care coordination, health education and counseling to pregnant women with health and social risk factors associated with low birth weight and very low birth weight infants. The WIC Program also contributes toward reducing those rates by focusing on women who present nutritional risk factors. In 2006, the WIC Program provided services to 1,242 pregnant women.

As programs become more visible and known in the community, the messages on prenatal care are reaching more and more women. When possible, programs such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) are also connection women with sources of prenatal care, such as Medicaid and the Medically Indigent Program (MIP).

The WIC Program prescribes and pays for nutritious foods to supplement diets of pregnant women, new mothers, infants and children up to five years of age, who qualify as "nutritionally at risk", based on medical and nutrition assessment and federal poverty guidelines. The WIC Program provides various assistance including medical referrals to health care providers to address the WIC participant needs.

Obtaining early and regular prenatal care is an important component for improving prenatal outcomes. Many women in the United States receive little or no prenatal care even though there has been support for the importance of prenatal care since the early 20th century. Women beginning care in the third trimester and women receiving no prenatal care are at increased risk for poor pregnancy outcomes. Birth data for 2006 is still preliminary, however reported low birth weight infants were _____% for all live births and _____% for singleton births.

/2009/ In general, health outcomes are less favorable for those of lower socioeconomic status than those that enjoy higher standards of living. Medicaid populations generally fair less favorably than private insured populations with regards to low birth weight rates, infant mortality, rates of prenatal care and adequacy of prenatal care. This is not totally related to the source of payment for their care, but more likely attributable to a confluence of life factors.

The Community Health Centers are one of handful of providers accepting clients who are Medicaid or MIP eligible. Private providers in the community are not accepting Medicaid or MIP clients or clients that are uninsured. As such these clients are turning to the Community Health Centers, primarily because they cannot afford to make a deposit upfront and do not have the financial resources to cover the medical cost "out of pocket". The Community Health Centers offer a sliding fee schedule, which is promoted through a variety of methods.//2009//

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Infants (0 to 1)	2006	150
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Infants (0 to 1)	2006	150

Notes - 2009

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been

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Narrative:
/2008/

Guam, by virtue of being a territory and not a state, receives Medicaid funds at a lower rate than the States. Due to the federal Medicaid cap which severely restricts provision of services to all eligible families, eligibility is determined at 100% of federal poverty level.

An effort to raise the ceiling on the territory's funding level is a mission undertaken, at the National level, by the Guam Delegate to Congress. //2008//

/2009/ With a State Planning Grant from the Health Resource and Service Administration (HRSA), the Guam Department of Public Health and Social Services, Division of Welfare conducted a study of Guam's uninsured population.

The 2005 Guam Household Income and Expense Survey found a 6,199 or 17.2% of Guam's households did not have health insurance. Of those with health insurance, 36.9% were affiliated with government programs and 37.5% with private firms. Other significant findings include:

- ***Non U.S. citizens head nearly 63% of Guam's uninsured households. Of this 63%, 34% of households without health insurance are permanent, non-citizens. Another 28.3% of uninsured households are temporary non-citizens living on Guam. Fifteen percent of naturalized citizens and 10.4% of households headed by citizens born in the United States or a U.S. territory are uninsured.***
- ***Nearly 46% of Guam's uninsured wage earners earned between $10,000 to $24,999 per year; 18% earned $25,000 to $49,999 per year; 3% earned $50,000 to $99,999 per year and less than 1% earned over $100,000 per year.***
- ***Heads of households whose highest level of educational attainment was the 6th grade had the highest uninsured rate at 36.9%.***
- ***Those born in China and Korea have the highest rates of uninsured at 69.9% and 58.5% respectively. Householders born on neighboring islands have the following rates of uninsured: Pohnpei 43.8%; Chuuk 32.6% and Yap 31.1%. Twenty-five percent of householders from Japan and 25.2% from the Philippines are without health insurance.***

Guam's uninsured were less likely (52.2%) than the insured (75.7%) to report having a clinic or doctor that they usually go to for health care, but more likely to have not gone to the doctor at least once in the past year because of the cost (32.8%) of uninsured vs. 11.9% of insured.

The survey revealed reasons given by those without coverage as: could not afford the premium (26.9%), lost of changed job (6.8%), no employer coverage (6.0%), spouse of parent lost job or died (3.2%), problems with eligibility (3.2%), and other uncategorized reasons (21.3%). //2009//

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 The percent of poverty level for eligibility in the State's	YEAR	PERCENT OF POVERTY LEVEL

Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.		**Medicaid**
Medicaid Children (Age range 1 to 9) (Age range 10 to 14) (Age range 15 to 18)	2006	 150 150 150
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Medicaid Children (Age range 1 to 9) (Age range 10 to 14) (Age range 15 to 18)	2006	 150 150 150

Narrative:
/2008/

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The 2005 Guam Household Income and Expense Survey found a 6,199 or 17.2% of Guam's households did not have health insurance. Of those with health insurance, 36.9% were affiliated with government programs and 37.5% with private firms. Other significant findings include:

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- Nearly 46% of Guam's uninsured wage earners earned between $10,000 to $24,999 per year; 18% earned $25,000 to $49,999 per year; 3% earned $50,000 to $99,999 per year and less than 1% earned over $100,000 per year.

- Heads of households whose highest level of educational attainment was the 6th grade had the highest uninsured rate at 36.9%.

- Those born in China and Korea have the highest rates of uninsured at 69.9% and 58.5% respectively. Householders born on neighboring islands have the following rates of uninsured: Pohnpei 43.8%; Chuuk 32.6% and Yap 31.1%. Twenty-five percent of householders from Japan and 25.2% from the Philippines are without health insurance.

Guam's uninsured were less likely (52.2%) than the insured (75.7%) to report having a clinic or doctor that they usually go to for health care, but more likely to have not gone to the doctor at least once in the past year because of the cost (32.8%) of uninsured vs. 11.9% of insured.

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Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Pregnant Women	2005	150
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Pregnant Women	2006	150

Narrative:
Total job growth was in negative territory until 2004, when it recovered and increased by almost 5.0%, a welcome change. The 2005 number declined slightly, but a closer examination of jobs by category shows that this can be more than accounted for by a decline in construction jobs. That construction job drop has continued through the first half of 2006. Local observers point out that this is a temporary lull. Construction jobs are expected to increase significantly in the future, especially with the anticipated infrastructure improvements necessary to accommodate the military buildup. Another sign of better economic times for Guam in the last few years is found in its labor market, which has tightened some. The island unemployment rate, after peaking in 2000 at 15.3%, was less than half that at 6.9% when last published in March 2006. The U.S. unemployment rate for the same period was 4.7%. The number of unemployed decreased by 1,760 persons between December 2005 and March 2006, while the number not in the labor force also decreased. This is a sign of increased economic activity: when the economy is bad, persons return to school and stop actively seeking work; when the economy improves, they return to the labor force.

The Guam Census 2000 reported the median household income to be $39,617. The income median has slightly increased to $41,196 in 2003 due to a slight upward trend in the economy. Prices for goods, however, continue to increase considerably due to the high cost for travel, shipping, and fuel.

Per Capita Income for 2003 was $11,254 an increase of $382 or 3.5% from calendar year 2001. The Mean Earner's Income for 2003 was $21,778, which was $176 or 0.8% above the calendar year 2001.

While no per capita income data exists that is comparable to Census data, the March 2007 Current Employment Survey reports that average weekly earnings have increased from $395.13 in March 2006 to $400.10 in March 2007. This translates to average annual earnings of $20,805 in 2007, up 1.25% over 2006. These data do not include the recent increases in the Minimum Wage, so are not inflated by that change.

/2009/ As an unincorporated territory of the United States, Guam is eligible for Medicare, Medicaid and other federal support for public health. As Medicaid benefits are capped at $6.98 million, the Government of Guam also has a locally funded program of medical assistance, the Medically Indigent Program (MIP).

Other public medical assistance to the aged, blind and disabled totaled $18.9 million in 2005, which averaged a total cost of $1,196 per patient. Of the total medical claims, 8.32% was used for old age assistance, 36.89% went to AFDC adults, 52.05% went to AFDC children, and 2.73% was used for aid to the Permanently Disabled. A small portion, $4,780 was used for aid to the blind.//2009//

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	1	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

Notes - 2009

Narrative:
/2009/
Unemployment and no health insurance affect the ability of persons to receive medical care. In March 2006, the unemployment rate for the civilian labor force was 6.9%, nearly 50% higher than the 2006 U.S. rate. As most health insurance is received through employment, an increase in unemployment means an increase in those with reduced or no health insurance. Of the adult population surveyed in the Behavioral Risk Factor Surveillance System, those reporting no form of health coverage increased from 18.6% in 2001 to 19% in 2007. A door-to-door Household Income and Expenditure Survey (HIES) conducted in 2005, which included a Health Insurance Supplement, found that 29.6% of the population had no form of health coverage. This equates to approximately 46,900 civilian persons. Those under the age of 65 had 25% with no coverage, and those under 18 had 26% of their population with no coverage. This was in addition to increases in the numbers seeking public insurance, in the form of Medicaid or the locally funded Medically Indigent Program (MIP). In 2000, there were 1,206 persons on Medicaid and 1,198 on MIP. By 2005, there were 7,908 on Medicaid and 4,352 on MIP. Thus, the civilian population of

Guam that could be considered under- or uninsured numbers over 59,000, or 37.3%. With the MIP Reform law, MIP patients must seek primary health care services at the Community Health Centers. MIP patients in need of services that are unavailable at the CHCs, or those in need of specialty care are referred to private physicians who are willing to see them. Due to the delayed and cumbersome reimbursement process, many physicians are not paid in a timely manner so they refuse to see both MIP and Medicaid patients. This severely reduces their access to medical and ancillary care.

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Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state	Does your MCH program have direct

	participate in the YRBS survey? (Select 1 - 3)	access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes

Notes - 2009

Narrative:
/2008/

Guam's Youth Risk Behavior Surveillance System (YRBS) is part of a national survey effort by CDC to monitor student health risks and behaviors in six categories identified as most likely to result in negative outcomes. YRBS was designed to determine the prevalence of health risk behaviors among youth; to assess whether health risk behaviors increase, decrease or stay the same over time; and to examine the co-occurrence of health risk behaviors. The categories in the survey include: Tobacco Use; Alcohol and Other Drug Use; Unintentional Injuries and Violence; Adolescent Sexual Behavior; Weight and Nutrition; and Adolescent Physical Activity. The survey provides comparable local and national data, as well as comparable data among subpopulations of youth.

Cigarette smoking, an addictive behavior usually established in adolescence, is the primary preventable cause of death in the United States. More than 430,000 people die each year from tobacco-related illnesses.

A recent report by the Surgeon General found that reducing the prevalence of smoking to the levels suggested by the Healthy People 2010 initiative would prevent 7.1 million premature deaths after the year 2010.

In 2005, three-quarters of Guam's high school youth reported having tried smoking and 30.8% were a current cigarette user. More high schoolers reported ever trying cigarette smoking than alcohol or other drugs.

Current smoking among youth on Guam parallels adult smoking rates. Of note, a greater percentage of Guam youth started smoking before the age of 13. Males were more likely than females to report smoking a whole cigarette before age 13, by a margin of 27.5% to 24.5%.

Current smoking appears to be decreasing for high school students, although not to the full extent of the decrease seen among U.S. youth. The largest decline was in 2003, when tobacco taxes were raised from $0.07 per pack to $1.00 per pack.

With regard to chewing tobacco, snuff or dip, 10.6% of Guam's youth used chewing tobacco, snuff or dip on one or more days during the past 30 days, with males (15.4%) reporting a higher percentage than females (6.6%).

The 1st Annual PEACE Conference was held on June 26, 2006 at the Guam Hilton Hotel with over 250 attendees. The purpose of the one day conference was to present Guam's first ever PEACE Epidemiological Profile on alcohol, tobacco and other drug related data and to solicit community dialogue and feedback. Attendees were from the community-at-large, as well as service providers from government, private, NGOs and faith-based organizations who were interested in establishing effective, evidence-based prevention and early intervention strategies in their villages.
//2008//

/2009/ When asked if they have ever tried a cigarette, 69.7% of Guam's high school students that they had. By grade ninth graders 64.4% had tried, 10th graders 70.7% had tried, 11th grade 70.6%, and 12th 77.2% had tried a cigarette by a puff or two.

Guam's high school youth reported 17% were a current cigarette user. Males (17.8%) students more than females (16.2%) More high school students reported ever trying cigarette smoking than alcohol or other drugs. //2009//

IV. Priorities, Performance and Program Activities

A. Background and Overview

/2007/ The Office of Maternal and Child Health Services, Division of Public Health, Department of Public Health and Social Services, is the "single state agency" for Maternal and Child Health on Guam. The Office plans, promotes and coordinates an island wide system of comprehensive health services for women, infants, children, adolescents and families of children who have special health care needs. The Office is known for longstanding community partnerships between the public and private sector, which has ultimately resulted in, improved health status and access for maternal and child health populations.

The Office of Maternal and Child Health Services, in collaboration with multiple agencies, family groups, and individuals, has determined several needs across the service system. The needs, as identified, have been linked to Healthy People 2010 Objectives when possible and are listed by targeted populations; i.e. perinatal, children, adolescents, and children with special health care needs.

The annual assessment of the progress on the National and State Performance Measures provides reassurance in some areas that progress is being made and at the same time points out specific areas that efforts needed to be addressed or intensified to make improvements. Nonetheless, we still feel confident that the priority needs that were developed and the approaches we have initiated to address those needs will have the positive outcomes we seek, in spite of the large proportion of high-risk mothers and children on Guam.

There are many factors that impact the health delivery system on Guam. The Guam Department of Public Health and Social Services seeks to improve the health and well being of all Guam residents through a myriad of programs and activities. In addition, its priorities include building the public health infrastructure on Guam and addressing bioterrorism. Within this context the Maternal and Child Health (MCH) Program focuses on the well being of the MCH populations of women and infants, children and adolescents, and children with Special Health Care needs (CSHCN) and their families, addressing in particular the priorities identified in the MCH 2005 needs assessment.

The island of Guam is located in the Pacific Ocean approximately 1,200 miles east if the Philippine Islands at 13º 28' north latitude and 144 º45' east longitude. Guam is part of an underwater range of mountains running southward from Japan. Situated in the Western Pacific, across the international dateline, it is the largest of more than 2,000 islands scattered between Hawaii and the Philippines. Guam is the southernmost and largest island in the Mariana archipelago with a total land area of approximately 212 square miles. The island is 30 miles long and has a width varying from approximately 8.5 miles in the north, to 4 miles at its center, to 11.5 miles in the south. Active reefs and 12 small, uninhabited limestone islands surround the island.

Guam's tropical climate features warm temperatures and high humidity throughout the year. There is a marked seasonal variation in rainfall, with July through December the rainy season, although some rain occurs during the dry season. March is the driest month, with an average of less than 2.5" of rain. The average humidity varies from an early morning high of 86% to an afternoon low of 72%. The atmosphere's high moisture content during the wet season, combined with the warm temperatures, contributes to the rapid deterioration of man-made materials through rust, rot, and mildew.//2007//

/2008/ The new/revised list of priority needs for Maternal and Child Health on Guam encompasses all levels of the MCH health services pyramid and in some cases, span the pyramid levels. Throughout the process of selecting the priority needs, participants preferred that the priority needs be looked at as "opportunities for improvement" that should be looked at in equal importance. The priorities that follow and the specific performance measures related to

each stem specifically from areas of unmet needs on Guam.

The following are Guam's Maternal and Child Health priority needs for the next five years:

1. To decrease infant mortality and morbidity, preterm births and low birth weight.
2. To decrease mortality and morbidity among adolescents.
3. To decrease intentional and unintentional injuries in the MCH population.
4. To increase care coordination and public awareness for children with special health care needs.
5. To reduce unintended and intended adolescent pregnancies.
6. To reduce unhealthy and risk-taking behavior among adolescents.
7. To assure early identification and referral of substance abuse, domestic violence and child abuse and neglect.
8. To assure that all children with special health care needs have a medical home for comprehensive, primary and preventive health care with coordination of all health and support services.

Justification and Changes in the State Capacity

The eight priority needs were selected through consideration of the quantitative data provided by the analysis of current data. The data were organized by the population groups of maternal, infant, child, adolescent and children with special health care needs. Qualitative data were also obtained through the stakeholder process, which considered needs by population groups. The stakeholder input qualitative data were particularly helpful in identifying emerging issues of care for specific population, e.g. adolescent health issues.

It is well known that the adolescent years present challenges to maternal and child health. While teenagers are for the most part healthy and active, they may engage in risk-taking behaviors that can result in severe injury, loss of life or behaviors that lead well into adulthood.

A number of factors over the past year have greatly influenced Guam's Title V Maternal and Child Health (MCH) Program and the State Priorities that were identified in the 2006 Grant Application/Needs Assessment. The coming years will be a time to reflect on the selected priorities and focus the direction of the Maternal and Child Health Program.

The initial factor impacting the MCH program and its population groups is the U.S. military has been planning for several years to close the Marine Base in Okinawa, and make other changes in its strategic posture in the region, and has selected Guam as the new home for the Marines and other service groups.

The second major factor is beginning in Fiscal Year '08, Government of Guam employees, retirees, survivors and dependents enrolled in the Governments medial health insurance will only have but one choice in a service provider. //2008//

B. State Priorities

/2007/ Guam's Title V Program created the original Title V listing of priority needs for the 2000 Block Grant Application submission. The listing of the priority needs was based on the 1999 Needs Assessment of the MCH population, review and analysis of other programs/agencies needs assessments, and staff discussion. The priority needs that were developed were: 1) to decrease adolescents substance use; 2) to decrease child abuse and maltreatment; 3) to reduce cervical cancer among childbearing age women; 4) to decrease the incidence of youth violence; 5) to decrease the incidence of STD's; 6) to decrease youth tobacco use; and 7) to develop a system of care for children with special health care needs.

Improving the health status, the well-being and quality of life for Guam's women, infants, children and adolescents is a great challenge for the Guam MCH Program. In reviewing the performance measures, it may be perceived that there was a focus on youth. It was felt that this focus is a significant contributing factor to the island's outcome with respect to many of the National performance and Outcome measures.

Since the identification of these priorities, MCH has been involved in discussions regarding how to further address these priority areas as MCH prepares to accomplish it's five year Needs Assessment, while at the same time looking at the big picture in identifying the health status and needs of the MCH population

The five-year Needs Assessment identifies the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for children with special health care needs. With each year's Block Grant Application, a list is provided of the maternal and child health needs in the State. Below is the Guam identified Priorities with the related Performance and Outcome measure. The numbers that are listed are for tacking only and do not indicate priority order.

State Performance Measure # 1 -- To reduce the percent of pregnant women who received no prenatal care.

Priority area- To decrease infant mortality and morbidity, preterm births and low birth weight.

MCH Pyramid level- Direct health care.

Related Outcome Measure -- Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate.

State Performance Measure #2 -- Proportion of low-income women who receive reproductive health/family planning services.

Priority area -- To decrease infant mortality and morbidity, preterm births and low birth weight.

MCH Pyramid level- Direct health care.

Related Outcome Measure -- Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate

State Performance Measure # 3 -- To decrease the percentage of women who use alcohol, tobacco and other drugs during pregnancy.

Priority area -- To assure early identification and referral of substance abuse, domestic violence and child abuse and neglect.

MCH Pyramid level -- Population-based services

Related Outcome Measure -- Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate.

State Performance Measure #4 -- Reduce the incidence of maltreatment of children younger than age 18.

Priority Area -- To decrease intentional and unintentional injuries in the MCH population.

MCH Pyramid level -- Population-based services

Related Outcome Measure -- Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate.

State Performance Measure # 5 -- The prevalence of intimate partner violence in adolescent relationships.

Priority Area -- To decrease mortality and morbidity among adolescents

MCH Pyramid level -- Enabling services

Related Outcome Measures -- Child/adolescent death rate

State Performance Measure # 6 -- The percent of Guam high school students who have engaged in sexual intercourse.

Priority Area -- To reduce unintended and intended adolescent pregnancies.

MCH Pyramid level -- Population-based services

Related Outcome Measure -- Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate

State Performance Measure # 7 -- The percent of Guam high school students who are overweight.

Priority Area -- To reduce unhealthy and risk-taking behaviors among adolescents.

MCH Pyramid level -- Population-based services

Related Outcome Measure -- Child/adolescent death rate

State Performance Measure # 8 -- To decrease adolescent substance use.

Priority Area -- To decrease mortality and morbidity among adolescent; to reduce unhealthy and risk-taking behavior among adolescents.

MCH Pyramid level -- Enabling services

Related Outcome Measure -- Child/adolescent death rate

State Performance Measure # 9 -- Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations.

Priority Area- To assure the all Children with Special Health Care Needs (CSHCN) have a medical home for comprehensive primary and preventive health care with coordination of all health and support services.

MCH Pyramid level -- Infrastructure-building services

Related Outcome Measure - Infant mortality rate, child/adolescent death rate. //2007//

/2008/
The new/revised list of priority needs for Maternal and Child Health on Guam encompasses all

levels of the MCH health services pyramid and in some cases, span the pyramid levels. Throughout the process of selecting the priority needs, participants preferred that the priority needs be looked at as "opportunities for improvement" that should be looked at in equal importance. The priorities that follow and the specific performance measures related to each stem specifically from areas of unmet needs on Guam.

The Priority Areas are:

Priority area- To decrease infant mortality and morbidity, preterm births and low birth weight.

MCH Pyramid level- Direct health care.

Research has established a high correlation between the incidence of low birth weight babies, infant mortality and specific socio-economic and demographic factors. These factors include, among others, race, poverty and the availability and utilization of prenatal care services. Prenatal care rates on Guam have been improving, but no associated drop immortality rates have been seen. The MCH Program works within the public health system to provide prenatal care when private providers will not see patients, usually due to insurance status.

A comprehensive prenatal history and a thorough physical examination are the best tools that help in the identification of the pregnant women at risk of premature delivery. In 2005, there were 47 infants born that weighed less than 1500 grams and there were 291 infants born that weighed less than 2500 grams.

The Title V Program provides pregnancy risk assessments for all eligible women. The risk assessments identify and then attempt to educate all pregnant women identified as being at risk for poor pregnancy outcomes. Pregnant women are routinely referred to the WIC Program.

Title V conducts an Early Prenatal Counseling Class (EPCC) that provides education and information to pregnant women and their partners on the adverse effects of alcohol, drug and tobacco usage during pregnancy.

Title V plans will be to address several risk factors that may lead to a premature delivery. Among others, these include, but are not limited to:
• Promote the importance of early and continuous prenatal care not only among consumers, but also among providers.
• Identify and address personal and health care system barriers.

Priority area -- To assure early identification and referral of substance abuse, domestic violence and child abuse and neglect.

MCH Pyramid level -- Population-based services

Smoking during pregnancy is clearly linked to fetal and infant deaths. Infants born to mothers who smoke while pregnant have three times the risk of Sudden Infant Death Syndrome (SIDS). In addition, smoking can result in low-birth weight and premature birth. According to a report from the Surgeon General eliminating smoking during pregnancy could prevent 20% of low birth weight births, 8% of preterm births and 5% of all prenatal infant deaths.

In 2003, Guam had the highest smoking prevalence rate among U.S. territories (34%), compared to low smoking rates in Puerto Rico (13.6%) and the U.S. Virgin Islands (10%).21 The markedly higher smoking rate in Guam is likely attributable, in part, to the tobacco industry's aggressive international marketing campaign to increase smoking in Asia and the Pacific.

Reducing racial and ethnic disparities in tobacco use will require comprehensive tobacco control programs, especially focused on preventing minorities and the poor from starting to smoke,

helping them quit using all tobacco products, reducing exposure to secondhand smoke, and limiting the impact of tobacco advertising and marketing in minority and disadvantaged areas.

While the ICC Caucus supports the CDC's funding guidelines recommendations for programs in all 50 states and the District of Columbia,15 the American Cancer Society reported in 2004 that only four states --Colorado, Delaware, Maine and Mississippi -- had invested at least the recommended amount for tobacco control programs.11 Thus, much still needs to be done to reduce tobacco use and exposure.

A Smoking ban in all dining establishments on Guam is now fully in effect after the Supreme Court of Guam dismissed the appeal of former attorney general Douglas Moylan and affirmed the constitutionality of the Natasha Protection Act. Affirming an earlier decision of the trial court, the Supreme Court said that the Natasha Protection Act is enforceable and not unconstitutional as earlier argued by the former AG.
With this development, Atty. Mike Phillips said smoking is now prohibited 24 hours in all restaurants. Bars that exclusively serve alcohol are not covered by the smoking ban while the regulation does apply to bars that double as restaurants. Smoking would be allowed in such establishments between 10 p.m. and 4 a.m., provided they "employ an appropriate smoke ventilation device." Establishments to be found violating the Natasha Act will be cited by law enforcers. The Natasha Protection Act was named after the teenage cancer patient Natasha Perez who died last year.

Substance abuse is harmful to fetal development and child health. Fetal development is a sensitive period during which substance exposure can lead to lifelong physical and neurological disabilities. Infants born to substance using women can begin life experiencing physical dependency and withdrawal. Many experience poverty, neglect and poor parenting skills in the hands of a caretaker who is actively abusing alcohol and/or substance.

Despite prenatal advice on not smoking or using other substances during pregnancy, substance abuse during pregnancy on Guam has risen significantly. In 2004, there were 3,427 total births on Guam with 512 (14.4%) women reporting smoking during their current pregnancy. In 2005, there were 3,203 total births with 447 (13.7%) women reporting smoking during their current pregnancy.

Priority Area -- To decrease mortality and morbidity among adolescents

MCH Pyramid level -- Enabling services

Priority Area -- To reduce unhealthy and risk-taking behaviors among adolescents.

MCH Pyramid level -- Population-based services

Motor vehicle crashes are a leading cause of death among youth, especially teenagers. Approximately three in every ten person in the United States will be involved in an alcohol-related motor vehicle crash in their lifetime. Fatal injuries caused by motor vehicle crashes in which a driver, occupant or non-occupant was under the influence remains a serious problem. At all levels of blood alcohol concentration, the risk of involvement in a motor vehicle crash is greater for teens than for older drivers.

Coalition 21 is a local organization promoting raising Guam's legal drinking age from the age of 18 to 21 years. In the past, initiatives to increase the legal drinking age have been met with strong opposition because of the possible effect on the island's economy. The Guam Hotel and Restaurant Association publicly opposed initiatives in recent years due to age employment issues.

I Pinangon means "awakening" in Chamorro and signifies the programs primary goal of raising

awareness of the problem of youth suicide in our community.

The Program supports and works in alignment with the National Strategy for Suicide Prevention. Furthermore, the program serves as a resource facility to students, their families, faculty and staff of the University of Guam. Informational materials include pamphlets, brochures, wellness guides, and community resource directories as well as a website: www.uogsuicideprevention.org.

Obesity is a leading cause of preventable death in the United States and is second only to tobacco use. Childhood obesity is a national epidemic.

The cause of the childhood obesity epidemic are numerous, but it is clear that the dramatic change in lifestyles -- resulting in increases energy intake and decreased energy output -- over the last decades is largely responsible. Bigger portion sizes, intake of high-fat fast foods, and energy dense drinks such as soft drinks have contributed greatly to the increased caloric intake and reduction in physical activity. The increase in sedentary activities such as television, video and computer use has contributed to the decrease in energy output.

According to a review of the literature, children, like adults, benefit from regular exercise and healthy eating habits. The growing body of evidence indicates that the antecedents of many adult health problems begin in childhood. The U.S. Department of Education provides guidelines and academic standards in Health, Safety and Physical Education; the No Child Left Behind Act does not currently classify physical education as a core component.

According to the 2005 Guam YRBS, 15.8% of students were at risk for becoming overweight. Overall, the prevalence of being at risk for becoming overweight was higher among 9th grade (17.9%) than 12th grade (14.7%) students and higher among 9th grade male (18.8%) than 10th grade male (14.88%) and 11th grade male (14.5%) students. On Guam, 7.8% of students had vomited or taken laxatives to lose weight or to keep from gaining weight during the 30 days preceding the survey. Overall, the prevalence of having vomited or taken laxatives to lose weight or to keep from gaining weight was higher among female (8.6%) than male (6.9%) students.

Lieutenant Governor Dr. Michael Cruz, who has been a long time practicing physician on Guam, announced the prioritization of the Healthy Guam Initiative during his inaugural address. This Initiative will involve the Lieutenant Governor's direct oversight and will involve leaders from both the public and private sectors, as well as community shareholders. He expressed commitment in time, effort and resources to implement strategies to foster healthier lifestyles and create policies to promote wellness.

According to Oral Health America: A report of the Surgeon General, oral disease in the United States are a "silent epidemic" that has a disproportionate effect on minorities, children, the elderly and the disabled. Each year, fewer than 20% of children covered by Medicaid receive preventive dental screenings, although these screening are mandated through the Early and Periodic Screening, Diagnosis and Treatment program.

The Dental Health Program of the Department of Public Health and Social Services was awarded a grant through the Health Resources and Service Administration (HRSA) to: 1) encourage pediatricians and general practitioners who are employed by Public Health to apply fluoride varnish on their child patients who come for their well-child visits; 2) physicians at Public Health are trained to perform oral health screenings and how to detect caries; 3) parents enrolled in the WIC Program will be given dental health education while their children receive a fluoride varnish treatment; and 4) children in the Head Start Program will receive dental health education and fluoride varnish applications.

An ideal dentist to population ratio would be 1:1,500; however, it is not a realistic goal for Guam given the lack of government funding and support for such a ratio. The Guam to population ratio is 1:2,500. However, this includes private practice dentists. These private practice dentists focus

on higher income and insured patients. Low income and uninsured clients do not have access to dental care and the rate of caries remain excessively high. Low-income children are served through the Public Health dental clinics. There are presently 2 dentists employed at Public Health. The Guam Public Health dentist to population ratio is 1:75,000.

Using data as a framework to identify problems and detect trends in the overall population as well as in the island's subpopulations, policies and programs can be developed or enhanced to address issues impacting health on Guam. In some cases, the lack of available and useful data from programs focused on MCH health conditions and disease impact for this target population makes it difficult at the program level to monitor and assess the effectiveness of services.

Prenatal data describes trends and characteristics of low birth rates on Guam. Evaluation of available data allows the identification of factors that contribute to the continuing disparities in low birth weight, pre-term births, pre-natal care and access to health care.

The lack of available and useful data from many programs makes it difficult at the program level to monitor and assess the effectiveness of activities. This also diminishes opportunities to assess the overall effectiveness of initiatives at the aggregate level and to use this data to inform planning and resource allocation. //2008//

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	75	80	85	90	100
Annual Indicator	72.9	75.1	4.2	4.6	0.0
Numerator	2404	2574	136	133	0
Denominator	3298	3427	3203	2914	3501
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	100	100	100	100	100

a. Last Year's Accomplishments

The goal of newborn screening for metabolic and inherited disorders is to identify newborns at risk for certain hematological, metabolic, endocrine and other disorders.

There are three (3) birthing centers on Guam that routinely screen infants born at their facility for 34 genetic or metabolic disorders that may not have otherwise been detected before developmental disability or death occurred. The Guam Memorial Hospital Authority (GMHA) and the Sagua Managu Birthing Center routinely provide data on newborn metabolic screens to the MCH Program, however, since 2004, the Guam U.S. Naval Hospital (USNH) has not been

reporting data.

Preliminary review of CY '07 data reveals that there were 2,523 live births at GMHA, and 2,523 infants were screened for metabolic and inherited disorders and 121 infants of 4.8% of the infants tested "presumptive positive".

The following screened "presumptive positive" after the 1st screen: Congenital Hypothyroidism -- 44; Biotinidase Deficiency -- 29; Hemoglobinopathies -- 29; Congenital Adrenal Hyperplasia -- 14; Fatty Acid Oxidation Conditions -- 3; and Organic Acidemias -- 2.

Preliminary review of CY '07 data reveals that there were 491 live births at Sagua Managu Birthing Center, 491 infants were screened for metabolic and inherited disorders and 9 or 1.8% were "presumptive positive".

The following screened "presumptive positive" after the 1st screen: Hemoglobinopathies -- 7 and Galactosemia -- 2.

When a newborn screen is returned "presumptive positive" the infant's primary physician is notified and has the infant return to GMHA or Sagua Managu Birthing Center for a repeat or confirmatory screen. Treatment can begin once a diagnosis is made. Treatment may vary depending on the disorder and for some, intervention may be started upon learning the initial screening result and preceding the confirmatory results.

Some examples of treatment are: restricting certain foods from the diet; taking a particular vitamin or medication; supplementing a restricted diet with special foods and/or formula; beginning a preventive antibiotic treatment; and providing parent education on recognizing signs/symptoms of a metabolic crisis.

The Western States Genetic Services Collaborative (WSGSC) is a federally funded project that includes Alaska, California, Guam, Hawaii, Idaho, Oregon and Washington. One of the goals of the WSGSC is to increase access to clinical genetic services within the region by sharing genetics resources between the states/territory. Hawaii was charged with assessing and implementing a pilot program to provide clinical genetic and newborn screening follow-up services to Guam.

Using funding from the WSGSC, an in-person pediatric genetics clinic was held on May 21-25 2007. Pediatric genetic consultative services were provided to 26 children by a medical team from Hawaii Community Genetics. This team was led by Dr. Laurie Seaver, a clinical geneticist and licensed Guam physician. The clinic was organized jointly by the Guam Department of Public Health and Social Services, Hawaii Community Genetics, and the Hawaii Department of Health Genetics Program. Hawaii Community Genetics is an outpatient division of Kapiolani Medical Specialists.

Only a few of the patients seen at the Guam Genetics Clinic had pre-existing genetic diagnoses, the majority had never been evaluated by genetic specialists. Approximately 70% of the patients require genetic testing to establish a diagnosis, to determine appropriate medical management and intervention and to provide recurrence risks to family members. However, when attempting to follow-up on testing recommendations it was discovered that none of the recommended tests were covered by insurance companies on the island.

Currently, insurance companies cover the cost of expanded newborn screening which is included in the hospital birthing fee. However, insurance companies do not cover the cost of confirmatory testing.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The Newborn Screening Program will continue to follow-up on all invalid, abnormal and positive tests until they are complete and are negative or until the infants are receiving treatment.			X	
2. The Newborn Screening Program will work with the Guam WIC Program to provide medical formula for eligible infants/children with errors in metabolism.				X
3. The Newborn Screening Program in collaboration with the Western States Genetic Services Collaborative (WSGSC) will provide telemedicine clinics for infants, children and young adults with metabolic and/or genetic conditions.				X
4. The Newborn Screening Program will work together with WSGSC to: a) develop a genetic testing policy; b) develop language to advertise the policy to clients; and c) calculate specific language regarding newborn screening and genetics.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted.

Families require increased access to specialty services. Currently, most families must travel off-island to Hawai`i, the U.S. mainland, or Asia to receive specialty care, and the wait for MIP to process non-emergent travel request may take two to three years. However, Guam physicians were concerned about lack of communication between the remote specialist and the Guam primary care physician. They described themselves as feeling "cut-off" from their patients and, consequently, emphasized the importance of direct and continuous communication between the different doctors.

c. Plan for the Coming Year

1. The Newborn Screening Program will continue to follow-up on all invalid, abnormal and positive tests until they are complete and are negative or until the infants are receiving treatment.

2. The Newborn Screening Program will work with the Guam WIC Program to provide medical formula for eligible infants/children with errors in metabolism.

3. The Newborn Screening Program in collaboration with the Western States Genetic Services Collaborative (WSGSC) will provide telemedicine clinics for infants, children and young adults

with metabolic and/or genetic conditions.

4. The Newborn Screening Program will work together with WSGSC to: a) develop a genetic testing policy; b) develop language to advertise the policy to clients; and c) calculate specific language regarding newborn screening and genetics.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	100	100	100	100	100
Annual Indicator	54.8	54.8	54.8	54.8	25.0
Numerator	548	548	548	548	306
Denominator	1000	1000	1000	1000	1225
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	100	100	100	100	100

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005
The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments
Between Mary 21 and May 25 2007, a weeklong pediatric genetics clinic was held. The clinic was organized jointly by the Guam Department of Public Health and Social Services, Hawaii Community Genetics Program and the Hawaii Department of Health, Genetics Program. There were twenty-eight (28) patients evaluated during the clinic.

Sixteen of the twenty-eight patients completed satisfaction surveys at the conclusion of the genetic clinic. One survey per family was completed. Interesting was a question of what the parents would have done had genetics consultations not been provided through an outreach clinic on Guam. Almost 25% of the families reported that they would not have gotten the care needed without the outreach genetic clinic.

Project Tinituhon ("the beginning") is a collaborative project designed to plan, develop, implement and sustain an island-wide, cross-agency early childhood comprehensive system to support families and the island community to develop children who are healthy and ready to learn in school.

In June 2007, Project Tinituhon conducted focus group sessions for families and service

providers as part of the needs assessment and environmental scan.

There were 23 parents and grandparents that participated in the family focus group while 15 service providers from various public and private organizations participated in the service provider focus group.

Parents primarily expressed a need for affordable health insurance and greater latitude in their choice of health and child care services. Meanwhile, several themes related to the effective delivery of services emerged during the provider session and included: the importance of providing sufficient information and supports for linkage with other services, the need for cross-training between different agencies, simplification of criteria to receive services, and centralization of the array of services and application process.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The program will continue to investigate and cultivate partnerships with advocacy organizations to effectively meet needs and opportunities for families and children with special health care needs.				X
2. MCH social workers will provide family support services which may include providing assistance and culturally appropriate education to families with children with special health care needs that will enable families to acquire skills necessary to acce		X		
3. Data gathered form surveys will be reviewed, analyzed and used for future planning, thus assuring that families' needs are met and services are organized in a way that meets their needs and are easily accessible.			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Guam Title V Program continues to conduct client satisfaction surveys during specialty clinics.

The program continues to gather data and information from families with children who have special health needs. The information gathered is to assess their needs and ensure that families have a voice in program and policy decisions.

The Guam Title V Program continues partnerships with Guam Early Intervention System (GEIS); Guam Public School System (GPSS); The Department of Mental Health and Substance Abuse (DMHSA); Guam Memorial Hospital Authority (GMHA); The University of Guam, Center for Excellence in Developmental Disabilities Education, Research and Service (CEDDERS), other agencies, families, policy makers and children to have available, affordable and accessible health care.

c. Plan for the Coming Year

1. The program will continue to investigate and cultivate partnerships with advocacy organizations to effectively meet needs and opportunities for families and children with special health care needs. (IB)

2. MCH social workers will provide family support services which may include providing assistance and culturally appropriate education to families with children with special health care needs that will enable families to acquire skills necessary to access needed medical and support services. (ES)

3. Data gathered form surveys will be reviewed, analyzed and used for future planning, thus assuring that families' needs are met and services are organized in a way that meets their needs and are easily accessible. (PBS)

4. Staff will continue to work hard to include parents in the decision making process when negotiating with providers to reduce medical costs. (ES)

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	65	65	66	66	67
Annual Indicator	56.7	56.7	59.7	59.7	53.5
Numerator	548	548	814	814	655
Denominator	967	967	1364	1364	1225
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	67	67	67	100	100

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments

The Guam MCH Program provides health services to island residents that meet MCH eligibility criteria. Child health services include Well Child clinics including immunizations, Community Health Nurse Home Visit Services, screening and referrals for children with special health care needs, referrals to audiological or speech evaluations, referral to dental health services, social services provided by medical social services, referral to the WIC Program, nutrition counseling and health education services.

For children ages 0-21 with disabilities and chronic conditions, the program provides preventive and primary care. The program offers a system of family-centered, coordinated, community-based, culturally competent care, assuring access to child health services including medical care, case management and home visiting, screening referrals and assistance obtaining a medical home. Services are provided either directly through Title V or by referral to other agencies and programs that have the capability to provide medical, social and support services to this population.

Public health nurses assess developmental milestones of infants and toddlers who may be high risk due to psychological or biological risk-factors.

In looking at the data from the 2007 developmental screens performed, there was an 11% increase from the 1st quarter to the 2nd quarter, from the 2nd to the 3rd quarter there was a 5.5% increase, however, from the 3rd quarter to the 4th quarter there was a decrease of 2%.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Continue to link children with medically necessary specialty services and coordinate linkage with child's medical home/primary care provider.		X		
2. Staff will continue to advocate for families with private insurance by providing medical information in order to justify the need for and coverage of specific services and supplies.		X		
3. Promote the medical home concept to pediatric and family practice physicians to increase the level of awareness for children and youth with disabilities.				X
4.				
5.				
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b. Current Activities

Project Tinituhon conducted an environmental scan utilizing a needs assessment based on guidelines to the process established by Health Systems Research Inc. to accurately identify the current services and activities related to servicing children birth to five and their families. For this external scan the needs assessment was disseminated and/or interviews were conducted with key government representatives.

During the environmental scan discussion found that there is currently no formal system in place to ensure that all children have access to a standardized developmental screening/assessment. Therefore, only children that are referred to early intervention by age 3 or to special education preschool programs are screened and assessed. Most children that may have some health conditions may not be identified until they enter school.

c. Plan for the Coming Year

1. Continue to link children with medically necessary specialty services and coordinate linkage with child's medical home/primary care provider. (ES)

2. Staff will continue to advocate for families with private insurance by providing medical information in order to justify the need for and coverage of specific services and supplies. (ES)

3. Promote the medical home concept to pediatric and family practice physicians to increase the level of awareness for children and youth with disabilities.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	70	71	72	73	74
Annual Indicator	56.7	56.7	41.2	41.2	60.2
Numerator	548	548	562	562	737
Denominator	967	967	1364	1364	1225
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	74	74	74	74	74

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005
The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments
The Guam MCH Program has traditionally provided specialty and subspecialty care services through a network of specialty clinics. Despite challenges created by a rapidly changing health care environment, Guam's Title V Program strives to continue these services, including care coordination, that otherwise would not be available or accessible to children with special health care needs and their families.

Between May 21 and May 25, 2007, a weeklong pediatric genetics clinic was held. The clinic was organized jointly by the Guam Department of Public Health and Social Services, Hawaii Community Genetics Program, and the Hawaii Department of Health, Genetics Program.

Twenty-eight (28) patients were evaluated at the clinic. Of the 28 patients seen, seven (7) had private insurance, six (6) had Medicaid, two (2) had public insurance, and the remaining thirteen (13) were without insurance coverage.

As of the second quarter of 2007, the CSHCN Registry contained 1,225 referrals. The insurance status for the 1,225 is as follow: 387 (32%) had private insurance; 350 (29%) were found to be insured through government subsidy such as the Medicaid program or the Medically Indigent program and 488 (40%) were found to have no insurance.

Caregivers of CSHCN are reporting that their insurance companies exclude medical coverage on "chronic orthopedic deformities". This will result in an increase for assistance in securing authorization for medical services from uninsured and insured patients.

In addition, patients with certain insurance policies are obligated to meet the standard deductible fee prior to obtaining a certain percentage of health coverage (patient pays 20% of their health care bill while the insurance companies provide coverage for the remaining 80% of the bill). Furthermore, certain health insurance companies will offer additional benefits by offering patients to obligate themselves to a minimum of $1,500 of medical expenses per member prior to receiving 100% coverage thereafter. This of course creates a tremendous financial burden on families especially hose families with CSHCN patients who require out-of-the ordinary health care

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. To continue to provide direct and enabling services as a safety net and to increase access to services, especially for the uninsured and underinsured.				X
2. Staff will continue to provide information and assist uninsured families in obtaining Medicaid or MIP.			X	
3.				
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b. Current Activities

The community concerns and needs in providing consistent and accessible medical, dental and mental health services, especially to low income and self-pay families, is a growing concern on the island. More and more families cannot afford the insurance deductibles. There are less providers accepting Medicaid, MIP and self-pay patients primarily due to no or extremely late payments.

The Department of Public Health and Social Services is the grantee for both the Pacific Basin Community Health Centers and the Ryan White CHRE Act Part B Program.

The estimated population of Guam is 170,000. Of this number, 40% reside in the northern region and 30% each in the central and southern areas. More than half of the Community Health Centers users are women; and the majority were Pacific Islanders. The majority, 82%, has a language other than English; 55% of the users had incomes that were less than the federal poverty level. Of all the users, 56.5% reported having no health insurance, while 38% were Medicaid beneficiaries. Less than 5% of the users had private insurance coverage.

Every year the STD/HIV Prevention Program and the Ryan White Program (SHP/RW Program)

and the Community Health Centers maintain an on-going Memorandum of Agreement (MOA) that allows people living with HIV/AIDS (PLWHA) clients to access a continuum of care, assuring that HIV services are maintained and any disruption of services are resolved by both parties.

c. Plan for the Coming Year

1. To continue to provide direct and enabling services as a safety net and to increase access to services, especially for the uninsured and underinsured.

2. Staff will continue to provide information and assist uninsured families in obtaining Medicaid or MIP.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective		100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	60.2
Numerator	1	1	1	1	737
Denominator	1	1	1	1	1225
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	100	100	100	100	100

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005
The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments
During June 2007, a medical team from the Shriners Hospital for Children in Hawaii held an outreach clinic on Guam. On the first of June, the team held a clinic at the office of a private provider in which 50 patients were seen. On June 4 through June 8, an outreach clinic was held at the Central Public Health located in Mangilao. During this time, 275 children were seen. In total, 325 children received consultation and evaluation services.

In addition to the Shriners Clinic, a certified orthotics specialist conducted a Shriners Orthotics Clinic. Thirty-five patients were provided consultation, evaluation and follow-up on the use of assistive devices.

The Shriners medical team not only conducts their regular "specialty clinics" but also holds tele-conferences, referred to as "tele-medicine" or "tele-med" clinics. These conferences are necessary to provide consultation services for patients afflicted with or may be afflicted with a genetic disorder, juvenile rheumatoid arthritis or in need of assessment of an assistive device such as wheelchair seating etc.

The tele-medicine clinics afforded patients the opportunity to discuss medical concerns with specialty doctors from the Shriners Children Hospital and its associates, without having to leave Guam. After which, the specialty doctors consult with one another to derive at the best medical advice possible. Their consultation is a decisive factor as to whether or not a patient is subjected to off-island medical treatment. Thus, the practice of tele-medicine alleviates the need for patients and their caregivers to travel off-island for consultation purposes only.

During the June outreach a "tele-med" was conducted. While 2 patients were scheduled for presentation of juvenile rheumatoid arthritis conditions, only one patient was available.

The Department of Public Health and Social Services is now equipped to hold tele-med sessions within the building. The signal starts at Public Health, runs through the University of Guam's satellite radio station, into the University of Hawaii's satellite receiver and finally into the Shriners telemedicine station.

The entire island has been designated as a Medically Underserved Area and Health Professional Shortage Area. The Guam Memorial Hospital Authority (GMHA) operates the only civilian emergency room on Guam and, other than the community health center, is the only provider serving the medically underserved. The majority of Guam residents seek primary care services at the two sites operated by the Pacific Basin Community Health Center, the Northern Region Community Health Center (NRCHC) and the Southern Region Community Health Center (SRCHC).

The two sites had a total of 27,939 users in 2007. They provide a full range of services including: primary medical, obstetric/gynecological and dental care, diagnostic tests/screens, maternal and child health services, family planning, immunizations, mental health and substance abuse treatment and counseling, pharmacy, case management, eligibility assistance and translation services. The health centers also serve as treatment facilities during disasters/emergencies. As such, staff has been trained to serve in this capacity and the facilities were constructed to provide both ambulatory primary care services as well as de-contamination services should there be a radiological or chemical accident or a terrorist attack. The health centers are well stocked to function during these periods.

On March 7th, Cedars-Sinai Hospital in Los Angeles almost cancelled a telemedicine procedure on an infant after a staff member of the Guam Board of Medical Examiners called a representative of the hospital to inquire whether the physician who was performing the procedure was licensed on Guam. That telephone call nearly caused Cedars-Sinai physicians to cancel the procedure.
The Guam Board of Medical Examiners wanted to ensure that the telemedicine procedure was performed safely. Furthermore, the Board stated that off-island doctors providing medical services to patients via telemedicine needed to obtain a medical license for Guam.
To clarify the issues surrounding the use of telemedicine, lawmakers introduced Bill 245 "The Telemedicine Act of 2008". The Bill is critical as it seeks to remove possible roadblocks for the implementation of the technology.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**

1. MCH CSHCN staff will continue to participate in inter and intra agency committees, trainings and workgroups which focus on improving access to services for CSHCN.				X
2. MCH CSHCN will continue to support access to specialists and sub-specialists through the use of telemedicine and specialty outreach clinics.	X	X		
3. MCH CSHCN staff will continue to work with programs such as Guam Early Intervention Services, Project Tinituhon and Guam Public School System to provide services and increase access to resources that may act as a safety net for CSHCN and their family			X	
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b. Current Activities

The Department of Public Health and Social Services provides the following medical services through their programs: MIP; Medicaid (limited coverage); health screenings; immunizations; STD/HIV screening; prenatal care; vision screening; health education; maternal and child health program services; and family planning. The Department of Mental Health and Substance Abuse (DMHSA) accesses these services through linkages coordinated by the caseworker of children and adolescents with severe emotional disorders (SED), who do not have private medical insurance. The Seventh Day Adventist Clinic (SDA) provides free, but limited medical services. DMHSA makes referrals to SDA for these services. The Guam Memorial Hospital Authority (GMHA) also provides an array of medical services. DMHSA makes referrals to private providers if the SED client has access to private insurance. The Guahan Program, a non-profit organization provides HIV screening and health education.

c. Plan for the Coming Year

During any disaster or emergency, the caregivers of Persons with Special Needs (PNS) would continue to provide support for the individuals in their care. This would include the provision of specialized medical treatments, medications, oxygen, respiratory support or other care that they would normally provide.

Furthermore, during a disaster or emergency of an extended duration, parts of the islands infrastructure may breakdown for a long period of time. PSN using specialized items, such as oxygen may be unable to refill their tanks as Guam has only one O2 plant, which could become inoperable. This situation would cause families and caregivers of PSN to look at the government for a solution to the problem.

At this time, the government of Guam has no way of determining what are the requirements of the PSN population would be during an emergency. Nor, is there a comprehensive listing of who is a PSN or where they reside.

The simplest and most direct way to collect this information would be by creating a Central Registry of Persons with Special Needs. This registry would include a listing of the various types of equipment, supplies or medication required by these individuals in order to survive.

The primary purpose of developing this registry would be to provide the government with information as to thee number of persons with special needs, their location and to gain a better understanding of what these special needs are. This information would be providing a basis to develop a plan to assist the special needs population during future emergencies.

The registry would be under the purview of the department of Integrated Services for Individuals with Disabilities (DISID) since the registry would be for adults with special needs.

An additional benefit of this registry would be to maintain an updated listing of persons who may require government assistance during a disaster or other long-term emergencies. Such a listing could then be used for future contingency planning such as setting up shelters specifically for persons with special needs. An additional benefit of this registry is that it could be shared with Emergency Medical Services (EMS) in a fashion similar to the Special Needs Identification Project (SNIP).

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective		100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	60.2
Numerator	1	1	1	1	737
Denominator	1	1	1	1	1225
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	100	100	100	100	

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005
The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments
Realizing that many parents need support, information and resources to help their children succeed, Guam Positive Parents Together Inc., a coalition of parent groups organized as a non-profit corporation registered on Guam, has undertaken Project DREAMS. Dedicated to Reaching Excellence and Maintaining Success, the project brings together parents, youth, teachers,

administrators, public agencies and private providers. Project DREAMS established a Parent Information Resource Center (PIRC) that will offer information and training to all parents to better equip them to meet their child's needs and make their dreams come true.

The primary component of the project is outreach. Guam is a rural community, for practical purposes. The most at-risk children and youth are in families that live in remote areas and do not have transportation. Many of those families have been disenfranchised by service systems.

Children and youth with special needs are sometimes overlooked. Parents are finding many needs unmet including limited parents training, limited socialization with peers, limited speech, cognitive, occupational therapy and limited strategies and resources to transition students to meaningful work.

Another resource on the island to help with transition is Guam Identifies Families' Terrific Strengths (GIFTS).

GIFTS is a grassroots parent support organization serving families of children and youth with emotional, social, and behavioral difficulties. It was founded on the premise that families and children are best served in their own communities and access to family support should not be tied to any one agency or program.

The mission of GIFTS is to provide strength based support, advocacy, education information and referrals for parents and families, educators, professionals and our island's community on children/youth with severe emotional disturbances.

Although the government agencies Department of Mental Health and Substance Abuse (DMHSA) and Department of Integrated Services for Individuals with Disabilities (DISID) are currently under a court-ordered Permanent Injunction, a Guam court has accepted a comprehensive plan to address deficiencies on the delivery of care. The court has assigned a psychologist and an attorney to author the plan, which was accepted by the court on June 9, 2008. Although the court case was initiated because of the lack of certain services, in line with the Olmstead Act, individuals with serious emotional disturbances will benefit from an improved and expanded community based system of care.

DPHSS has MIP coverage on limited dental services. In-house, performed at the DPHSS facility, dental services are limited to children and the elderly population. DPHSS also provides preventive care education to the public.

The Seventh Day Adventist (SDA) clinic also provides free limited dental services. DMHSA makes referrals to SDA for these services to its Serious Emotional Disorder (SED) clients who have no private dental insurance. There are numerous private providers that only serve individuals and families with private dental insurance. Dental services to SED children and adolescent are limited in scope and are considered a gap in service.

The Guam Public School System (GPSS) the island's only state operated educational system, provides the following educational services: Special Education/IDEA; Headstart; Emotional Disturbed Program; Learning Disabled; GATE (Gifted and Talented); and DEED (after school program). SED children and adolescents are enrolled in all of these programs.

The Guam Community College offers vocational education in high schools. The program affords SED youth the opportunity to learn trades.

The Department of Youth Affairs (DYA) "Liheng Famagu'on" program has GPSS teacher providing educational programs at DYA facilities for clients who are multi-level and multi-cultural. DYA and GPAA share clients on a regular basis.

The Asmuyao School, a private school, is an alternative educational program for students who drop out of high school but still want to obtain a high school diploma. Asmuyao provides educational instruction and vocational assessment for its clients. As with the public school system, there are also numerous private schools that collaborate with DMHS for psychiatric assessment and counseling services.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Staff will continue to work with adolescents to ensure linkage into the adult health care and community systems.		X		
2. Staff will continue to collaborate with agency partners that will work on opportunities for youth.				X
3. Adolescents will be the focus of education and training opportunities.				X
4. Staff will continue membership and participation councils and providers who are involved in school and work placement.		X		
5.				
6.				
7.				
8.				
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10.				

b. Current Activities

The program that provided care to more than 160 children suffering from severe emotional and behavioral difficulties was on the verge of closing its doors at the end of July.

The Child Mental Health Initiative Cooperative Agreement, also known as Project I Famagu'on-ta, was going to run out of funds for personnel costs, forcing the Department of Mental Health and Substance Abuse to issue termination notices to the 15 employees of the project.

The University of Guam, CEDDARS program and the Department of Mental Health and Substance Abuse have worked collaboratively and diligently to advance the mission of Project I Famagu'on-ta and improved not only the program, but also the system of support services in the community required for the concept of system of care.

The system of care is described as a wrap-around program. This system takes various stakeholders in the community to come together and form a team to tailor a plan to meet the needs of a child.

The rationale for issuing the notices of termination was that the federal funds which provided most of the operations of I Famagu'on-ta were going to be depleted in July.

Management of the Department of Mental Health and Substance Abuse spent all the federal funds in the first part of the year until only the matching local funds remained. A legal opinion disallowed management to use the matching local funds to fund the program.

Lawmakers introduced Bill 302, which as an act to amend Public Law 29-19 to allow the Department

c. Plan for the Coming Year

1. Staff will continue to work with adolescents to ensure linkage into the adult health care and community systems. (ES)

2. Staff will continue to collaborate with agency partners that will work on opportunities for youth. (IS)

3. Adolescents will be the focus of education and training opportunities. (IS)

4. Staff will continue membership and participation councils and providers who are involved in school and work placement. (ES)

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	75	75	75	75	75
Annual Indicator	62.0	20.8	23.2	23.5	23.5
Numerator	6584	700	740	750	750
Denominator	10614	3373	3193	3186	3189
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	75	75	75	75	75

Notes - 2005
The denominator is the number of children 0-4 years. The Numerator is an estimate of the number of children fully immunized. The Guam Immunization Program presently does not have a fully funtioning regsitry.

a. Last Year's Accomplishments
The Immunization Program within the Guam Department of Public Health & Social Services is responsible for services designed to promote full immunization status of Guam's population.

The Program's focus is to eliminate or control vaccine-preventable diseases. Vaccines are provided to public and private providers to protect against Measles, Mumps, Rubella, Polio, Diphteria, Tetanus, Pertussis, Haemophilis Influenza and Hepatitis B.

The Community Health Centers networked with Guam Immunization Program to conduct Web IZ training. Web IZ is Immunization Registry software which maintains data on all vaccines given at private clinics, Central Public Health, Community Health Centers, Immunization Outreaches (shopping malls, village mayor's offices, etc.) and Public Health District Nurse Home visits. The data is captured, recorded and stored at a data warehouse. Additionally, this software has a recall listing to remind parents about their child's vaccination schedule and a point in time stock inventory so that adequate vaccinations are on hand.

In 2007, the Northern Region Community Health Center administered 8,975 vaccines for child immunizations. The Southern Region Community Health Center administered 4,284.

Immunizations are a vital part of every primary and preventive care visit. In 2007, nurses at the Central Public Health immunized 6,656 children and administered 14, 360 doses.

In addition, the EPDST Program has actively worked to ensure that children participating in the program receive complete immunizations by age two (2). The providers immunize children in accordance with the schedule or they refer their clients for immunization in accordance with schedule.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. To continue holding outreaches and Immunization Clinics.			X	
2. The Nutrition Health Services will continue to train WIC staff to screen and refer WIC participants to receive the proper immunizations according to the Immunization schedule.	X			
3. The Immunization program will continue to promote the immunizations of children through the Vaccines for Children Program.			X	
4.				
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9.				
10.				

b. Current Activities

The Guam Women, Infants and Children Program (WIC) program staff screen immunizations records of children who participate in the program for age appropriate immunizations. If a child is found to be behind in the recommended immunization schedule a referral is made to the Immunization Program or private provider.

To promote childhood immunizations, the Immunization Program assures access to vaccines that are required for school entry by promoting Immunization Outreach at various locations throughout the island.

Education is provided to health care providers about the importance of assuring immunizations are up-to-date for all children. Staff has collaborated with educational partners to expand the provider community is receiving education and to increase health care provide participation.

The MCH Program provided direct health care services through Immunization outreaches and hold an Immunization Clinic every Monday and Wednesday at the Central Public Health building in Mangilao.

c. Plan for the Coming Year

Plan for the coming year include:

1. To continue holding outreaches and Immunization Clinics.

2. The Nutrition Health Services will continue to train WIC staff to screen and refer WIC participants to receive the proper immunizations according to the Immunization schedule.

3. The Immunization program will continue to promote the immunizations of children through the Vaccines for Children Program.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	25	24	23	22	21
Annual Indicator	24.5	27.7	26.1	0.0	26.7
Numerator	101	117	114	0	120
Denominator	4116	4230	4365	4496	4496
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	21	21	21	21	21

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division.

Notes - 2005
The Vital Statistics Section of the Department of Public Health and Social Services was unable to provide a complete statistical report to the MCH Program.

a. Last Year's Accomplishments
Submission of the Family Planning Annual Report (FPAR) is required of all Title X Family Planning grantees for purposes of monitoring and reporting progress in program performance. The FPAR is the only source of annual uniform reporting by all Title X grantees.

According to the 2005, FPAR the Guam Family Planning Program saw 5,373 clients, for 2006, the Program saw 4,120 clients a difference of -- 23.32%. For 2007, there were 2,158 clients or a difference of -- 47.62% from 2006 data that was reported.

The Family Planning Program served 1,877 males in 2005, for 2006 there was 1,397 males a difference of -- 25.57% from the 2005 data. For the year 2007, there were 784 males in the program, which was a difference of -- 43.88% from the 2006 data.

The data reflect the same trend for female users of the program, in 2005, there were 3,496 females who received some family planning however, and in 2006, only 2,723 females sought family planning services. This was a difference of -- 2.11% from 2005. In 2007, the FPAR shows 1.374 females or a difference of -- 49.54% from 2006 data.

Among participants involved with the Guam Family Planning Program that used contraceptives, condoms were the predominant method. While helpful in preventing the transmission of STDs, condoms are not as effective in preventing pregnancy as hormonal contraceptive methods, which, on the other hand, hormonal contraceptive methods do not provide protection against STIs. Almost 13% of participants used a hormonal method (birth control pills, Depo-Provera, etc.) The remaining users chose an alternative method such as "rhythm", withdrawal, sponge etc. Interesting was that a little over 13% of Guam Family Planning participants used abstinence as a method of birth control.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To continue outreaches to the Middle and High Schools.			X	
2. To assure that contraceptive devices are available to adolescents without parental approval.				X
3. To encourage all health providers who provide care to youth to include comprehensive age-appropriate information on sexual health issues, including prevention of unintended pregnancies and sexually transmitted diseases.	X			
4. Involve males at an early age in teen prevention efforts, make programs comfortable for males, and conduct more outreached targeted at young men who are not using family planning services.				X
5.				
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b. Current Activities
Adolescents continue their psychological development and begin to be much more aware of sexual differences. Music, media, peers, and family all have great influence. Who they are and who they should be are explored and demonstrated through clothing, behaviors and attitudes. Many youth believe that "sex is a big part of our culture" and that "everyone is doing it".

Sexual experience, and particularly age of first intercourse, represents a critical indicator of the risk of pregnancy and sexually transmitted diseases. Although all forms of intercourse (anal, vaginal and oral) involve risks of disease transmission, youth who begin having sex and younger ages are exposed to these risks over longer periods of time.

Any male or female capable of becoming pregnant or causing pregnancy whose income is at or below 250% federal poverty level is income eligible to receive free clinical examinations and free contraceptives through the Guam Family Planning Program. On Guam 38,178 women were in the age bearing years of 15 through 44. Of these, 15,318 were adolescent females between the ages of 10 through 19 years of age.

According to the Guam Youth Risk Behavior Survey, the percentage of total students who reported ever having sexual intrecourse was 45%. Sixteen percent (16%) of all students who ever had sex reported having 4 or more sexual partners more males than females reported having multiple sexual partners. Those who reported having more sexual partners in the last three months as 29.9%

c. Plan for the Coming Year
Dramatic biological changes and new sexual feelings are normal parts of adolescent development. Among the most difficult choices facing adolescents are the decisions concerning responsible sexual behavior. Sexual pressures during the teen years are not new.

What has changed for today's youth is a mix of conflicting biological and societal forces. Today's adolescents are entering puberty earlier and marrying later. They are doing so in an atmosphere of access to contraceptives, divorce, births to unwed mothers and awareness of sexually transmitted diseases. Moreover, media images of sexual behavior are most pervasive, yet largely silent concerning the risks of too early sexual activity or unintended pregnancy and sexually transmitted diseases. They are ambivalent at best about abstinence and contraceptives.

Plan

1. To continue outreaches to the Middle and High Schools.

2. To assure that contraceptive devices are available to adolescents without parental approval.

3. To encourage all health providers who provide care to youth to include comprehensive age-appropriate information on sexual health issues, including prevention of unintended pregnancies and sexually transmitted diseases.

4. Involve males at an early age in teen prevention efforts, make programs comfortable for males, and conduct more outreached targeted at young men who are not using family planning services.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	45	46	47	48	49
Annual Indicator	49.0	100.0	30.0	30.0	31.1
Numerator	1654	1	991	991	991
Denominator	3377	1	3307	3307	3184
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	49	49	49	49	49

Notes - 2005
Data for Performance Measure # 9 is not available.

a. Last Year's Accomplishments

The Dental Section of the Division of Public Health is responsible for the implementation of Public law 24-196 mandating basic dental services for Guam's eligible children below the age of 17. The scope of dental services provide includes examinations, x-rays, diagnosis and cleaning and sealing of teeth, fluoride treatments and the performance of other treatments as required. Orthodontic treatment, complicated oral surgery and root canal therapies are not performed, but appropriate referrals are made.

Title V and the Dental Section provides dental health education on sealants and fluoride varnish treatments to schools and community groups.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program is a specific program under Medicaid that provides well-child and comprehensive pediatric care for children and adolescents through age 20. EPSDT requires comprehensive coverage of physical and mental health, growth and developmental assessments, including lab and other diagnostic tests, health education, immunizations and anticipatory guidance. EPSDT also includes comprehensive dental, vision and hearing screenings. EPDST screenings, including dental are covered for each group based on a clinically sound periodicity schedule adopted by each State with consultation from professional medical and dental groups.

For the reporting Year 2007, EPDST had 1,874 eligible receiving any dental services. The total eligible receiving any preventive dental services was 1,754 and the total eligible receiving dental preventive services was 1,473.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V and the Dental Section will collaborate with the EPDST Program to develop strategies to improve the utilization of dental health services for the EPDST population.				X
2. The MCH Program will collaborate with the WIC Program to promote proper feeding practices to prevent baby bottle tooth decay.				X
3.				
4.				
5.				
6.				
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b. Current Activities

The Dental Section of the Guam Department of Public Health and Social Services is 100% locally funded and at its optimum level would be operating three dental clinics and have at least 30 FTEs. The critical shortage of Dental Officers has jeopardized the Department of public Health and Social Services mission of providing mandated dental services to the community.

One of the major negative consequences is that services have decreased, while demand has increased significantly for clinic services (partly due to the downturn of the economy, which has increased jobless rates and have forced many people to drop their health and dental insurance.

The Dental Section is responsible for the education of the public health measures especially the optimal use of preventive measures, which include fluoride sealants and personal oral hygiene for the prevention of dental caries and periodontal disease.

c. Plan for the Coming Year

Title V and the Dental Section will collaborate with the EPDST Program to develop strategies to improve the utilization of dental health services for the EPDST population. The utilization for dental services for the EPDST population is approximately 10%, which is inadequate.

The MCH Program will collaborate with the WIC Program to promote proper feeding practices to prevent baby bottle tooth decay.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	2	2	2	2	2
Annual Indicator	0.0	24.3	0.0	0.0	0.0
Numerator	0	12	0	0	0
Denominator	49180	49426	49532	49606	49606
Check this box if you cannot report the numerator because					

1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	2	2	2	2	2

Notes - 2005
Data for 2005 is not available

a. Last Year's Accomplishments
Each year, alcohol and drugs stand out as being the major causes, which contribute to the high rate of traffic crashes, injuries and fatalities. Continuing campaigns have had positive educational impact. However, people still need to be reminded repeatedly about the dangers in drunk/drugged driving. Positive steps continue to be taken to alleviate and correct these deficiencies in an effort to counteract the island's drunk/drugged driving problem.

In 2005, there were 103 DUI crashes, 24 fatalities (11 which were alcohol and/or drug related) and 817 DUI arrests. In 2006, (latest data) there were 233 DUI crashes, 13 fatalities (4 were alcohol and/or drug related) and 836 DUI arrests.

Guam Memorial Hospital Authority will not discharge newborns and /or infants from the hospital unless the infant or child is in a proper infant car seat. The discharge policy indicates that any newborn and/or infant being discharged must have an approved child restraint system and the equipment must be brought into the patient's room prior to release,

Injury surveillance on Guam is fragmented and needs immediate attention. In the past several years, many local agencies attempted to collect data to assist in their own determination of the traffic death and injury problem. Each has gathered information for their specific use and purpose. To date, none of this information has been compiled by a central agency and analyzed for the benefit of all.

In 2003, there were 144 youth under the age of 25 arrested for DUI. In 2002, there were 186 arrests. (Latest data not available).
Problems related to the abuse of alcohol and other drugs have achieved proportions for concern especially with the increase of related gang activity and drug use among our youth in middle and high school.

The Prevention and Training Branch of the Department of Mental Health & Substance Abuse works in partnership with organizations both private and public. One such organization is with the Youth for Youth organization. Youth for Youth is a non-profit in which youth leadership, advocacy, empowerment, adult supervision and support are provided year round to approximately sixty (60) members. The organization holds an annual conference with more than 200 youth from Guam and the surrounding Pacific Basin Islands. Drunk and Drugged Driving is one of the topics that is presented to increase awareness about the physiological and psychological effects of alcohol and other drugs.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**

1. To develop and implement and conduct effective traffic safety programs				X
2. To improve prehospital medical treatment to victims of trauma due to motor vehicle collisions.	X			
3. To improve Public Education efforts.			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
A formal survey was conducted in 2007 by the University of Guam students indicates a slight decrease in children fours years and younger being properly restrained in a care seat from 75% to 70%. Most infants were placed in infant carriers. Thus the popularity of infant carrier5s and rear facing child restraint systems is a welcome development. The summary of observation for 2007 showed 81% of adult drivers were complying with the Guam Seatbelt Law and Child Restraints.

Four of the Community Health Nurses were trained as child passenger technicians. Ms. Marlene Carbullido became the only CPS Instructor on Guam. She will be providing island wide training to other government agencies to include nurses at the hospital and Public Health.

The nurses are now skilled and knowledgeable in the law and safe transport of babies and children. They will continue to educate and counsel parents/families and conduct community check-up fitting stations in collaboration with the Partners for Safety Coalition.

c. Plan for the Coming Year
In the coming year, emphasis will be on population-based partnership with the Preventive Health Block Coordinator. The goals include prevention of traffic related and other types of injury through community participation and the initial focus will be on traffic safety.

Active participation will continue with community partners on education and advocacy regarding child safety issues. Injury prevention materials will be distributed through a variety of community networking activities.

Collaboration will continue with the Emergency Medical Services office, which include the office for the Emergency Medical Services for Children program.

To develop and implement and conduct effective traffic safety programs

To improve prehospital medical treatment to victims of trauma due to motor vehicle collisions.

To improve Public Education efforts.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				90	90
Annual Indicator		0.0	0.0	0.0	0.0
Numerator		0	0	0	0
Denominator		3427	3203	3414	3501
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	90	90	90	90	90

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division.

a. Last Year's Accomplishments
The MCH Program conducts an Early Prenatal Counseling Class (EPCC) that provides information on the adverse effects of alcohol, recreational drugs and tobacco usage during pregnancy. In addition, EPCC includes education on breastfeeding and postpartum family planning.

During 2007, there were 308 participants involved in EPCC. The average age of the participants was 19 years of age. Forty seven percent (47%) of the clients were Chamorro, twenty seven percent (27%) Chuukese. Filipino clients were the third highest in participation with ten percent.

The Community Health Nurse Supervisor II is the chairperson for the Guam Breastfeeding Coalition. L Lechen Susu Mas Maolek (loosely translated to mean, "Breast milk is good) continues to promote and support exclusive and sustained breastfeeding as the norm in infant

feeding on Guam through public education and awareness.

There was a Breastfeeding Fair held at one of the shopping centers on the island. Over 200 people attended throughout the two-day affair. Health presentations, peer group discussions and many health, civic, commercial organizations were there to display their services and products.

Breastfeeding counseling is done by Public Health nurses when they perform postpartum newborn assessments and while providing immunizations.

Breastfeeding Classes are held monthly by the Breastfeeding Educator with an average of 10 clients per month. In addition the lactation counselor/breastfeeding educator offers free breastfeeding advice to clients via the telephone, office visits, agency and home visits.

The Guam WIC Program had 10,203 women enrolled for the Year 2007. Of the 10,203 women, 3642 were pregnant, 2563 were breastfeeding women and 3998 were postpartum. There were 11,605 infants enrolled in 2007. Of the 11,605 infants, 9, 975 were formula fed, 677 were partially breastfed and 953 were 100% breastfed.

For families there are economic benefits to breastfeeding as well. Some of the benefits include less lost workdays and lower health insurance costs. It is estimated that a minimum of $3.6 billion would be saved if breastfeeding rates were increased from current levels to the Healthy People 2010 goals which are: at least 75 % of women who breastfeed their babies in the early postpartum period, 50% of the women continue breastfeeding until their babies are five to six months old, 25% continue breastfeeding until their children are one year of age.

Furthermore, interventions aimed at childhood obesity typically target school-age children, but prevention should start much earlier, as early as the day the child is born according to pediatric experts. Breast milk not only provides infants with all the nutrients they need and elements that promote growth and a healthy immune system, but is also recognized as the first step in the battle against childhood obesity. Mothers who breastfeed exclusively are likely to breastfeed for a longer time -- offering the best protection against obesity.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. WIC continue to provide information and support lactation.				X
2. Continue to hold campaigns to raise awareness and education about breastfeeding.			X	
3. Coordinate with key partners to update policy to promote breastfeeding activities.			X	
4. Participate in World Breastfeeding Week by providing promotional and educational materials.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Guam WIC Program had 10,203 women enrolled for the Year 2007. Of the 10,203 women, 3642 were pregnant, 2563 were breastfeeding women and 3998 were postpartum. There were

11,605 infants enrolled in 2007. Of the 11,605 infants, 9, 975 were formula fed, 677 were partially breastfed and 953 were 100% breastfed.

Breastfeeding is acknowledged as the preferred method of infant feeding by in looking at the year 2007 data compared with the 2006 data, there are some remarkable differences. From the 1st quarter 07 to the 1st quarter 06, both the number of newborn and the number of breastfeeding rose. However, in comparison of the second quarter data, the number of breastfeeding infants fell slightly. However, in the fourth quarter of both years, the figures show a rise again, most notably from the fourth quarter of 2006 compared to the fourth quarter of 2007, which shows a 31.67 increase in the number of breastfeeding infants.

c. Plan for the Coming Year

Breastfeeding is acknowledged as the preferred method of infant feeding by the American Academy of Pediatrics, the American Dietetic Association, the American College of Obstetrics and Gynecology, the American Public health Association and the National Healthy Mothers / Healthy Babies Coalition.

Not breastfeeding creates a variety of health risks. Breastfeeding provides many benefits to children including a reduced incidence of infections including diarrheas, ear infections, meningitis, respiratory infections and a decreased risk for SIDs; exclusive breastfeeding provides protection to children from obesity, Type 1 insulin-dependent diabetes mellitus, allergic disease and certain types of cancer. Breastfeeding mothers benefit from lower rates of ovarian and pre-menopausal breast cancer and osteoporosis.

WIC continue to provide information and support lactation.

Continue to hold campaigns to raise awareness and education about breastfeeding.

Coordinate with key partners to update policy to promote breastfeeding activities.

Participate in World Breastfeeding Week by providing promotional and educational materials.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	12	12	12	12	12
Annual Indicator	75.1	75.1	87.1	97.5	84.1
Numerator	2476	2574	2789	2841	2946
Denominator	3298	3427	3203	2914	3501
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**

Annual Performance Objective	12	75	78	78	78

a. Last Year's Accomplishments
Guam Public Law 27-150: The Universal Newborn Hearing Screening and Intervention Act of 2004 (UNHSIA) for the Early Detection and Identification of Children with Hearing Impairments.

It has been found that significant hearing loss is one of the most common major abnormalities present at birth and, if undetected, will impede the child's speech, language and cognitive development. Screening by high-risk characteristics alone (e.g., family history of deafness) only identifies approximately fifty percent (50%) of newborns with significant hearing loss. Reliance solely on physician and/or parental observation fails to identify many cases of significant hearing loss in newborns and infants. There is evidence that children with hearing loss, who are identified at birth and receive intervention services shortly thereafter, have significantly better learning capacity than children who are identified with hearing loss later than six (6) months after birth. Legislation is needed to provide for the early detection of hearing loss in newborns and infants and to prevent or mitigate the developmental delays associated with late identification of hearing loss. Through tracking and surveillance of infants with hearing impairments, the loss to follow-up services is alleviated.

Significance for The MCH Program: It is the intent of the Maternal and Child Health Program to provide for the early detection and intervention of hearing loss in newborn children at the hospital or as soon after birth as possible, to enable these children and their families/caregivers to obtain needed multi-disciplinary evaluation, treatment and intervention services at the earliest opportunity and to prevent or mitigate the developmental delays and academic failures associated with late identification of hearing loss.

In August 2007, the Guam EHDI Parent to Parent support group facilitated an Orientation for parents and children with hearing impairments. The purpose of this orientation was to show the support systems available for families and linking families with other service providers. Also, a parent night was held with 14 parents in attendance. The purpose of the meeting was to increase knowledge and skills about understanding audiological evaluations and the use of different modes of communication. Of the 14 parents in attendance, five were new parents to the program.

Furthermore, in August an Attorney from the Guam Legal Services facilitated training on "Parents Rights" there was 11 parents who attended. In November, a presentation on Deaf Mentors was held. There were 14 parents that attended. The parents that came appreciated having a deaf individual speak to them about the challenges and what they can expect when their child leaves the schools system.

With a high percentage of families from the Federated States of Micronesia (FSM) living o Guam, EHDI schedules a meeting with a "traditional leader" from Chuuk residing on Guam to discuss strategies of how EHDI could ensure that families from Chuuk are aware of the Guam EHDI Project and how they could access the services. Most importantly was that the families understand the importance of hearing screening evaluation and intervention services.

The Guam EHDI Project is currently funded by two federal grants awarded to the University of Guam, Center for Excellence in Developmental Disabilities Education, Research, & Service:
1. Check, Check Again, & Assure Follow Up! -- (CFDA 93.251) Funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal-Child Health Bureau (MCHB); and

2. Guam Early Hearing Detection and Intervention (EHDI) Tracking, Surveillance, and Integration -- (CFDA 93.282) CDC Cooperative Agreement funded by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To hire a Pediatric Audiologist.	X			
2. To conduct mini trainings on the importance of a medical home and how this concept would work for children with special health care needs.			X	
3. Continue to update demographic information on clients.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

For the year 2006, there were approximately 2,914 births on Guam. There were 2,841 or 97.5% infants screened for hearing. For the year 2007, there were approximately 3,501 and 84.1% or 2,946 were screened for hearing.

Of the infants screened before discharge at GMHA between April and November 2007, approximately 13% failed the initial screening before discharge and are referred to the Pediatric Evaluation and Developmental Services (PEDS) Center for a re-screen before 1 month of age.

In July 2007, a MOA with Sagua Managu (Guam's only Birthing Center) was signed to transmit hearing screening information of all the infants born at their site. A MOA with Guam Memorial Hospital Authority (GMHA) was also signed in July and beginning August 2007, GMHA began piloting the new "Hearing Assessment" data field in their data system, Currently Guam EHDI is working with GMHA Director of Information Technology Services, on the conversion of the program into Guam ChildLink (Guam's EHDI database). Upon completion of the conversion, it is anticipated that GMHA will begin to upload data into the Guam EHDI database. This will be Guam's first integrated database system, electronically linking the Guam EHDI system with GMHA.

c. Plan for the Coming Year

To hire a Pediatric Audiologist. There is only one Audiologist on the island. Guam EHDI will work with Higher Education Institutions to encourage local students to receive training on pediatric audiology

To conduct mini trainings on the importance of a medical home and how this concept would work for children with special health care needs.

Continue to update demographic information on clients.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007

Annual Performance Objective	13	13	13	13	13
Annual Indicator	14.3	14.3	13.7	14.3	26.2
Numerator	8616	8690	8752	8808	16192
Denominator	60167	60687	63850	61510	61869
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	13	13	13	13	13

a. Last Year's Accomplishments
Access to health care is tied to many financial, physical and cultural factors, such as employment, health insurance, transportation and proximity, language and education.

Families without health insurance often receive less preventive health screenings, immunizations, or prenatal care and may avoid or delay medical treatment when problems arise. Without medical insurance, families often lack a regular healthcare provider or clinic, and are more likely to receive care in an emergency room once their medical condition is more advanced and more difficult to treat.

Lack of health insurance or not having a source of are potential barriers to initiating prenatal care as recommended -- during the first trimester of pregnancy. This may also be an obstacle to receiving an adequate level of care throughout pregnancy. Overall, uninsured pregnant women delay seeking prenatal care and receive less adequate care than their privately insured counterparts, which can lead to poorer birth outcomes.

As of the second quarter of 2007, the CSHCN Registry contained 1,225 referrals. The insurance status for the 1,225 is as follow: 387 (32%) had private insurance; 350 (29%) were found to be insured through government subsidy such as the Medicaid program or the Medically Indigent program and 488 (40%) were found to have no insurance.

Caregivers of CSHCN are reporting that their insurance companies exclude medical coverage on "chronic orthopedic deformities". This will result in an increase for assistance in securing authorization for medical services from uninsured and insured patients.

In addition, patients with certain insurance policies are obligated to meet the standard deductible fee prior to obtaining a certain percentage of health coverage (patient pays 20% of their health care bill while the insurance companies provide coverage for the remaining 80% of the bill). Furthermore, certain health insurance companies will offer additional benefits by offering patients to obligate themselves to a minimum of $1,500 of medical expenses per member prior to receiving 100% coverage thereafter. This of course creates a tremendous financial burden on families especially hose families with CSHCN patients who require out-of-the ordinary health care.

Research shows that high-deductible policies discourage patients of moderate incomes from seeking preventive treatment. So low- and middle- income patients likely will wind up with coverage they won't or cannot use until they are very sick, the point at which their illnesses are the most expensive to treat.

Insurance companies, meanwhile remain beholden only to profit driven shareholders, not

taxpayers or elected representatives. That will mean bigger premiums or fewer benefits.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to have Public Health nurses provide families with no insurance information on how to apply for these services.			X	
2. Continue to work with the Division of Public Welfare to enhance outreach efforts, coordination and the simplification of the application process.			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The community concerns and needs in providing consistent and accessible medical, dental and mental health services, especially to low income and self-pay families, is a growing concern on the island. More and more families cannot afford the insurance deductibles. There are less providers accepting Medicaid, MIP and self-pay patients primarily due to no or extremely late payments.

The Department of Public Health and Social Services is the grantee for both the Pacific Basin Community Health Centers and the Ryan White CHRE Act Part B Program.

The estimated population of Guam is 170,000. Of this number, 40% reside in the northern region and 30% each in the central and southern areas. More than half of the Community Health Centers users are women; and the majority were Pacific Islanders. The majority, 82%, has a language other than English; 55% of the users had incomes that were less than the federal poverty level. Of all the users, 56.5% reported having no health insurance, while 38% were Medicaid beneficiaries. Less than 5% of the users had private insurance coverage.

c. Plan for the Coming Year

Continue to have Public Health nurses provide families with no insurance information on how to apply for these services.

Continue to work with the Division of Public Welfare to enhance outreach efforts, coordination and the simplification of the application process.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007

Annual Performance Objective				15	15
Annual Indicator			15.4	11.0	10.3
Numerator			1587	1051	1000
Denominator			10309	9536	9744
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	14	13	12	12	12

a. Last Year's Accomplishments
The Guam WIC Program provides education and information on appropriate dietary practices as well as emphasizing the importance of including physical activity into a family's lifestyle. Children are weighed and measured every 6 months during the certification process.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. WIC will provide or refer counseling for families that will include as appropriate, physical activity ideas, reduced sedentary activities and healthy eating.	X			
2. WIC and MCH will continue to display posters/bulletin boards on physical activity, eating healthy and food choices and their importance			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Dramatic increases in childhood obesity have occurred in recent decades. Childhood obesity has a profound effect on physical, mental, emotional and social development of children. Furthermore, childhood obesity is associated with developing into adult obesity.

Nutrition is essential for growth and development, health and well being, behaviors to promote good health should start early in life with breastfeeding and continue through life with the development of healthful eating habits.

c. Plan for the Coming Year
Further activities include:

1. WIC will provide or refer counseling for families that will include as appropriate, physical activity ideas, reduced sedentary activities and healthy eating.

2. WIC and MCH will continue to display posters/bulletin boards on physical activity, eating healthy and food choices and their importance.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective				10	10
Annual Indicator		0.0	0.0	0.0	10.8
Numerator		0	0	0	379
Denominator		3203	3203	2914	3501
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	10	10	10	10	10

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division.

Notes - 2005
The Vital Statistics Section of the Department of Public Health & Social Services was unable to provide MCH with a complete statistical report for the year 2005

a. Last Year's Accomplishments
Pregnant or post partum women with dependency problems can choose from 20 programs that provide drug and alcohol treatment services. Thirteen of these programs are from the private sector treatment programs. Eighty-one percent of private sector providers and 50% of public sector service programs accept pregnant or post-partum women as clients. The care available to pregnant substance abusers is concentrated at lower ASAM (American Society of Addiction Medicine) levels of care, with 6 programs at ASAM level 0.5 (educational) and 11 at Level 1 (low intensity out patient). In addition, three programs offer multiple and high levels of care.

Seventy-five percent (12 out of 16) private sector treatment programs and 64% (9 out of 14) of government agency programs report being able to treat women with dependent children who have substance abuse/dependence problems.

The 21 treatment programs available to these women were distributed across the various ASAM Levels of Care. The greatest number of programs at a particular level (12) was those providing ASAM Level 1 (low intensity outpatient) where services were provided predominately by private sector clinicians.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to hold campaigns to raise awareness and education about drugs and alcohol usage during pregnancy.			X	
2. Coordinate with key partners to update policy to promote awareness activities.				X
3. To improve Public Education efforts.			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Pregnant women who are drug abusers have a higher incidence of chronic infections, poor nutrition and anemia and lack of prenatal care. Usage of drugs in pregnancy can result in babies who suffer from drug withdrawal after birth.

Guam Memorial Hospital Authority collects information on drug and alcohol exposure before delivery. It is only when a doctor may be suspicious of mom's presentation that a urine toxicology is performed. If the mother tests positive for drugs, the case of referred to Social Services Department of the hospital and Guam Early Intervention Services, a service to provide early intervention to families with infants 0-3.

Data from the Guam Memorial Hospital Labor and Delivery shows that there was 1 mother who stated she was using alcohol, 11 stated that they were drug users, and 376 stated that they smoked.

Despite the increased focus on intervention, many pregnant women do not receive the help that they need. Reasons for not receiving medical treatment may include ignorance, poverty, lack of

available services and fear of criminal prosecution, which may lead addicted women to conceal their drug usage from medical providers and further jeopardize the pregnancy outcome.

c. Plan for the Coming Year
Continue to hold campaigns to raise awareness and education about drugs and alcohol usage during pregnancy.

Coordinate with key partners to update policy to promote awareness activities.

To improve Public Education efforts.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	40	40	40	40	40
Annual Indicator	22.2	14.4	34.9	20.4	6.6
Numerator	3	2	5	3	1
Denominator	13508	13906	14318	14679	15057
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	20	20	20	20	20

a. Last Year's Accomplishments
We cannot predict individual suicides. However, researchers have identified important risk factors through the use of "psychological autopsies". Suicide is a response to both longstanding emotional problems and some trigger event. Suicide rates increase dramatically as teens move from early to middle adolescence.

Suicide is a complex behavior caused by a combination of factors. According to the National Institute of Mental Health, a history of depression, alcohol or other drug use, and aggressive or disruptive behaviors are the strongest risk factors for attempted suicide in youth. Other risk factors for suicide include adverse life events, a family history of suicide, family violence, prior attempts and exposure to suicidal behaviors of others, including family, peers or in the news or fictional stories.

The Guam Police Department (GPD) reported unofficially that for the months January 1, 2007 through November 30, 2007 : twenty-nine (29) deaths by suicide and sixty-one (61) attempts were investigated. The demographics of these ninety (90) cases were not readily available due to GPD lacks the personnel to extract specific information (i.e., age, gender, ethnicity and method).

Suicide is a significant public health issue in the Pacific Islands and within Micronesian cultures. (Hazel, 1984) Pacific Islands' rates of suicide were among the highest in the world. (Booth, 1999) Suicide was the fourth leading cause of all deaths on Guam during the period of 1998 -- 2003. The rate of suicide increased sharply since the end of the 1980s, peaking at 28.2 per 100,000 in

1999. In general, the rates of suicide in Guam (average 19.7 per 100,000 persons over the age of 10 years, from1997- 2007) (Naval, 2007) significantly exceed the national average (12.6 per 100,000 persons over the age of 10 years, from 1997-2004) as determined by the Centers for Disease Control and Prevention. An average of 23 persons (between the ages of 24-39) kills themselves each year from 2000-2007 on Guam.

Mental illness and substance abuse are important risk factors for suicide. The relationships between mental illness, substance abuse and suicide have not been explored intensively on Guam, however, repeated studies conducted worldwide over the past three decades indicate that over 90% of suicide victims had a psychiatric disorder at the time of their death (Cheng 1995; Conwell et al., 1996) This may hold true for Guam cases of suicide.

The Department of Mental Health and Substance Abuse (DMHSA) currently has 40% of the total number of consumer medical records entered into its electronic data base. Preliminary researching of these 665 electronic records presents six percent (6%) of the total consumers in treatment were suicidal of which eighty three percent (83%) were Chamorro and other Pacific Islanders. It is not currently known, how many of the remaining 780 consumer records indicate individuals who had made suicidal ideations or made attempts. Overall, consumer intentional self injuries and mental illness diagnosed and documented must be extracted manually by staff until such time additional resources and personnel are hired to collect, analyze and report on all related mental illness/substance abuse and suicide cases.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Increase community awareness and understanding that suicide is a public health issue that is preventable.			X	
2. Broaden prevention mass media campaigns conducted annually to include suicide prevention education that is culturally appropriate.			X	
3. Strengthen Guam's 24 hour Crisis Hotline service with the hiring of full time staff and training of community volunteers.	X			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Youth suicide is a significant public health issue on Guam. Suicide was the leading cause of death for 20-34 year olds, and the second leading cause of death for 10-19 and 35-39 year olds during the period of 1993-2000. (Haddock & Naval, 2005) Suicide for young people ages 10-24 was 40.2% (n=72 cases) of all suicides (n=179 cases) from 200 to 2007 in Guam. The age-specific suicide rates during 1998-2002 was 48.4 per 100,000 population for those aged 15-24, 26.3 per 100,000 for those aged 25-34 years, and 19.9 per 100,000 for those aged 35-44 years. (Haddock & Naval, 2005) All these rates on Guam were significantly higher than in the United States. The rate of suicide for the 15-24 age group in Guam (2000-2007) was almost 2.9 times higher than the national figure.

Although the major method of suicide in the U.S. was firearms (54.1%), the primary method of suicide on Guam was by hanging (96.6% of suffocation) which accounts for 78.8% of all suicide

deaths from 2000 to 2007. The rate of suffocation was 2.25 per 100,00 persons in the U.S. as compared to 14.08 per 100,000 persons on Guam. The rate of firearm deaths was 5.85 per 100,000 persons in the U.S. and 1.74/100,000 on Guam. On Guam, males usually employ more lethal methods than females.

c. Plan for the Coming Year

Increase community awareness and understanding that suicide is a public health issue that is preventable.

Broaden prevention mass media campaigns conducted annually to include suicide prevention education that is culturally appropriate.

Strengthen Guam's 24 hour Crisis Hotline service with the hiring of full time staff and training of community volunteers.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	0	10	10	10
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	0	0	0	0	0

Notes - 2005
Guam does not have facilities for high risk deliveries.

In January 2004, the arrival of a Medical Transport System especially fitted for the 767 aircraft arrived. The unit cost almost a quarter million dollars.

However, in order to install the unit for transport, 6 seats have to be removed from the aircraft. Patients are charged for the 6 coach seats, at a medical discount rate. The price tag for the family can cost between $6 – 10,000 and that is without the medical staff that must accompany the patient.

a. Last Year's Accomplishments
This mesure does not apply to Guam. However, Guam now has capacity to immediately send critically ill patients off island.

Guam now has a dedicated air ambulance that can provide service to critically ill patients that need immediate off-island care.

The jet has a maximum range of 2,600 statute miles and a maximum cruise of 480 miles per hour, From its base in Guam, Care Jet will be able to reach manila in 3.3 ours, Tokyo in 3.4 hours, Hong Kong in 4.4 hours and Cairns Australia in 4.9 hours.

The jet can accommodate one patient, a flight crew of two, a medical crew of two and an accompanying family member. It is installed with the highest standard of medical equipment to ensure the patient is well care for in-flight.

Care Jet's, medical team consists of a U.S. board-certified surgeon serving as medical director and a team of highly-skilled Registered Nurses and EMT's with extensive experience in advanced life support in hospital emergency rooms and intensive care.

In December 2007, the Guam Medical Referral Office sent 11 patients to Hawaii for medical treatment, the amount spent per patient in Hawaii was $1,902.02. In January 2008, the office sent 13 patients to Hawaii and spent $1,609.40 per patient. None of these patients were infants.

In December 2007, the Guam Medical Referral Office sent 10 patients to Los Angeles for medical treatment, the amount spent per patient in Los Angeles was $1,436.04. In January 2008, the office sent 27 patients to Los Angeles and spent $531.86 per patient.

In December 2007, the Guam Medical Referral Office sent 63 patients to the Philippines for medical treatment, the amount spent per patient in Philippines was $235.89. In January 2008, the office sent 51 patients to Philippines and spent $300.65 per patient.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Guam does not have facilities for high risk deliveries and neonates.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

In December 2007, the Guam Medical Referral Office sent 11 patients to Hawaii for medical treatment, the amount spent per patient in Hawaii was $1,902.02. In January 2008, the office sent 13 patients to Hawaii and spent $1,609.40 per patient. None of the patients were infants.

In December 2007, the Guam Medical Referral Office sent 10 patients to Los Angeles for medical treatment, the amount spent per patient in Los Angeles was $1,436.04. In January 2008, the office sent 27 patients to Los Angeles and spent $531.86 per patient.

In December 2007, the Guam Medical Referral Office sent 63 patients to the Philippines for medical treatment, the amount spent per patient in Philippines was $235.89. In January 2008, the office sent 51 patients to Philippines and spent $300.65 per patient.

c. Plan for the Coming Year
Guam does not have facilities for high risk deliveries and neonates.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	70	70	75	75	75
Annual Indicator	61.3	59.8	62.0	0.0	0.0
Numerator	2021	2048	1985	0	0
Denominator	3298	3427	3203	2914	3501
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	75	75	75	75	75

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division.

Notes - 2005
The Vital Statistics Section of the Department of Public Health & Social Services was unabale to provide a complete report to MCH

a. Last Year's Accomplishments
All three of the Department of Public Health Centers (Northern, Central and Southern) offers on-site prenatal care, dental and immunization services including referrals to private providers/clinics for specialty care.

The Community Health Centers are using Health Pro data to measure first trimester entry into prenatal care. In 2006, 11.6% of pregnant women received care in the first trimester of their pregnancy; this is down from 13.5% and 14.8% for the years 2004 and 2005 respectively. Women from the Federated States of Micronesia had a entry rate of 9.2% for 2005 and 10.2 in 2006. The Community Health Centers anticipates that as a result of a part-time OB/GYN physician working additional hours there will be a gradual increase in the percent of women seeking prenatal care in the first trimester.

The Community Health Centers are one of handful of providers accepting clients who are Medicaid or MIP eligible. Private providers in the community are not accepting Medicaid or MIP clients or clients that are uninsured. As such these clients are turning to the Community Health Centers, primarily because they cannot afford to make a deposit upfront and do not have the financial resources to cover the medical cost "out of pocket". The Community Health Centers offer a sliding fee schedule, which is promoted through a variety of methods.

One of the more unique ways of promoting prenatal care is through the use of "promotoras". Promotoras are clients who have been pregnant and understand the importance of prenatal care. Outreach by the promotoras provides a culturally sensitive and acceptable method for educating women about this issue.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Outreach, education and counseling will be provided both to the community at large, providers and women of childbearing age of the importance of early and consistent care.			X	
2. In addition outreach will be provided through the continued collaboration with the Healthy Mother Health babies Coalition to advocate for and facilitate access to prenatal care.			X	X
3. Title V staff will develop public awareness campaign to alter all women to enter prenatal care as early as possible.			X	
4. Title V will also work in partnership with the Family Planning Program to provide preconception counseling when birth control is sought and following a negative pregnancy test.	X			
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Prenatal care includes three components: risk assessment, treatment for medical conditions or risk reduction and education. Each component can contribute to reduction in perinatal illness, disability and death by identifying and mitigating potential risks and helping women address behavioral factors that contribute to poor outcomes.

Lack of insurance is a key barrier to prenatal care access. Women often cannot see a prenatal care provider until a source of payment is determined. Providers may be reluctant to initiate care with the patient unless coverage by a private insurer or public coverage is confirmed.

Although starting prenatal care as early as possible during a pregnancy is believed to foster the most healthful birth outcome for both mother and infant, a sizeable share of mother-to-be do not initiate prenatal care in the first trimester.

The MCH Program conducts an Early Prenatal Counseling Class (EPCC) that provides information on the adverse effects of alcohol, recreational drugs and tobacco usage during pregnancy. In addition, EPCC includes education on breastfeeding and postpartum family planning.

During 2007, there were 308 participants involved in EPCC. The average age of the participants was 19 years of age. Forty seven percent (47%) of the clients were Chamorro, twenty seven percent (27%) Chuukese. Filipino clients were the third highest in participation with ten percent.

c. Plan for the Coming Year

Outreach, education and counseling will be provided both to the community at large, providers and women of childbearing age of the importance of early and consistent care. In addition outreach will be provided through the continued collaboration with the Healthy Mother Health babies Coalition to advocate for and facilitate access to prenatal care.

Title V staff will develop public awareness campaign to alter all women to enter prenatal care as early as possible.

Title V will also work in partnership with the Family Planning Program to provide preconception counseling when birth control is sought and following a negative pregnancy test.

D. State Performance Measures

State Performance Measure 1: *To reduce the percent of pregnant women who received no prenatal care*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	3298	3427	3203	2914	3501
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	0	0	0	0	0

Notes - 2007
The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division.

a. Last Year's Accomplishments
All three of the Department of Public Health Centers (Northern, Central and Southern) offers on-site prenatal care, dental and immunization services including referrals to private providers/clinics for specialty care.

The MCH Program conducts an Early Prenatal Counseling Class (EPCC) that provides information on the adverse effects of alcohol, recreational drugs and tobacco usage during pregnancy. In addition, EPCC includes education on breastfeeding and postpartum family planning.

During 2007, there were 308 participants involved in EPCC. The average age of the participants was 19 years of age. Forty seven percent (47%) of the clients were Chamorro, twenty seven percent (27%) Chuukese. Filipino clients were the third highest in participation with ten percent (10%).

An alarming sixty two percent 62% stated that they did not have health insurance. Four percent (4%) had Medicaid and only ten percent (10%), one percent (1%) had the locally funded Medially Indigent Program (MIP), and three percent (3%) did not report their insurance status.

Families without health insurance often receive less preventive health screenings, immunizations, or prenatal care and may avoid or delay medical treatment when problems arise. Without medical insurance, families often lack a regular healthcare provider or clinic, and are more likely to receive care in an emergency room once their medical condition is more advanced and more difficult to treat.

Lack of health insurance or not having a source of are potential barriers to initiating prenatal care as recommended -- during the first trimester of pregnancy. This may also be an obstacle to receiving an adequate level of care throughout pregnancy. Overall, uninsured pregnant women delay seeking prenatal care and receive less adequate care than their privately insured counterparts, which can lead to poorer birth outcomes.

The Community Health Centers are using Health Pro data to measure first trimester entry into prenatal care. In 2006, 11.6% of pregnant women received care in the first trimester of their pregnancy; this is down from 13.5% and 14.8% for the years 2004 and 2005 respectively. Women from the Federated States of Micronesia had a entry rate of 9.2% for 2005 and 10.2 in 2006. The Community Health Centers anticipates that as a result of a part-time OB/GYN physician working additional hours there will be a gradual increase in the percent of women seeking prenatal care in the first trimester.

The Community Health Centers are one of handful of providers accepting clients who are Medicaid or MIP eligible. Private providers in the community are not accepting Medicaid or MIP clients or clients that are uninsured. As such these clients are turning to the Community Health Centers, primarily because they cannot afford to make a deposit upfront and do not have the financial resources to cover the medical cost "out of pocket". The Community Health Centers offer a sliding fee schedule, which is promoted through a variety of methods.

One of the more unique ways of promoting prenatal care is through the use of "promotoras". Promotoras are clients who have been pregnant and understand the importance of prenatal care. Outreach by the promotoras provides a culturally sensitive and acceptable method for educating women about this issue.

Many women delay seeking prenatal care, or do not seek any, primarily because of lack of money, insurance, appointment availability, and transportation. Fewer than 60% of all births in 2004 and 2005 had prenatal care that began in the first trimester. In 2004, 6.5% of mothers sought prenatal care only in the third trimester, and 8.3% had no prenatal care. These rates were similar in 2005, where 6.3% of mothers had no care and 6.2% had care that began in the third trimester. This was 15% of births in 2004 and 12.5% of births in 2005 with late or no prenatal care.

Lack of prenatal care may contribute to the increase seen in low birth weight among civilian mothers in 2004 and 2005. Low birth weight babies were 8.9% of all civilian births in 2004, and increased to 9.8% of civilian births in 2005. Mothers who delayed care until the second trimester saw an increase in low birth weight babies, from 8.1% in 2004 to 8.9% in 2005; for those who had no care, the proportion of low birth weight babies increased from 12.5% in 2004 to 17.5% in 2005.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service

	DHC	ES	PBS	IB
1. Outreach, education and counseling will be provided both to the community at large, providers and women of childbearing age of the importance of early and consistent care.			X	
2. In addition outreach will be provided through the continued collaboration with the Healthy Mother Health babies Coalition to advocate for and facilitate access to prenatal care.		X		
3. Title V staff will develop public awareness campaign to alter all women to enter prenatal care as early as possible.			X	
4. Title V will also work in partnership with the Family Planning Program to provide preconception counseling when birth control is sought and following a negative pregnancy test.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Prenatal care includes three components: risk assessment, treatment for medical conditions or risk reduction and education. Each component can contribute to reduction in perinatal illness, disability and death by identifying and mitigating potential risks and helping women address behavioral factors that contribute to poor outcomes.

Lack of insurance is a key barrier to prenatal care access. Women often cannot see a prenatal care provider until a source of payment is determined. Providers may be reluctant to initiate care with the patient unless coverage by a private insurer or public coverage is confirmed.

Although starting prenatal care as early as possible during a pregnancy is believed to foster the most healthful birth outcome for both mother and infant, a sizeable share of mother-to-be do not initiate prenatal care in the first trimester.

In December 2006, a poster presentation was created for the clinic waiting area on The Growth and Development of a Normal Pregnancy.

In March 2007, Leah Bolano, CNA started conducting Postpartum/Newborn rounds at Guam Memorial Hospital Authority. While at the hospital, the Nursing Assistant interview postpartum women for potential home visits.

A University of Guam nursing student conducted surveys at the UCG Clinic on prenatal; clients exposed to cigarette smoking for her Leadership Practicum Change Project.

c. Plan for the Coming Year

Outreach, education and counseling will be provided both to the community at large, providers and women of childbearing age of the importance of early and consistent care. In addition outreach will be provided through the continued collaboration with the Healthy Mother Health babies Coalition to advocate for and facilitate access to prenatal care.

Title V staff will develop public awareness campaign to alter all women to enter prenatal care as early as possible.

Title V will also work in partnership with the Family Planning Program to provide preconception counseling when birth control is sought and following a negative pregnancy test.

State Performance Measure 2: *Proportion of low-income women who receive reproductive health/family planning services*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				10	11
Annual Indicator	7.4	9.3	9.3	9.2	7.1
Numerator	2712	3440	3496	3496	2723
Denominator	36708	37125	37497	37848	38178
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	12	13	14	14	14

a. Last Year's Accomplishments
Submission of the Family Planning Annual Report (FPAR) is required of all Title X Family Planning grantees for purposes of monitoring and reporting progress in program performance. The FPAR is the only source of annual uniform reporting by all Title X grantees.

According to the 2005, FPAR the Guam Family Planning Program saw 5,373 clients, for 2006, the Program saw 4,120 clients a difference of -- 23.32%. For 2007, there were 2,158 clients or a difference of -- 47.62% from 2006 data that was reported.

The Family Planning Program served 1,877 males in 2005, for 2006 there was 1,397 males a difference of -- 25.57% from the 2005 data. For the year 2007, there were 784 males in the program, which was a difference of -- 43.88% from the 2006 data.

Any male or female capable of becoming pregnant or causing pregnancy whose income is at or below 250% federal poverty level is income eligible to receive free clinical examinations and free contraceptives through the Guam Family Planning Program. On Guam 38,178 women were in the age bearing years of 15 through 44. Of these, 15,318 were adolescent females between the ages of 10 through 19 years of age.

As is common nationally, Guam sees its highest rates of Chlamydia among individuals less than 25 years of age. Guam monitors Chlamydia and other sexually transmitted disease through the Office of Epidemiology and Research. Historically, the highest rates have been among 20-24 years old with 15-19 years olds having the next highest rates. This information is provided to Guam residents through educational sessions offered by the Guam STD/HIV Program and by the Guam Family Planning Program.

In CY 07, the Guam Family Planning Program tested 193 female clients for Chlamydia. This represents an increase of 47.15% from the calendar year 05 where 102 women were tested.

Arleen Dela Cruz, LPN attended the Teen Contraceptive Conference in San Diego, California. The Conference was held November 13 through the 20th 2006.

Evangeline (Lynn) Manibusan attended the Contraceptive Technology Conference which was held in San Francisco, California March 08 through the 10 2007. She participated in an IUD Insertion Practicum.

Palau is hosting this year's Pacific Basin Family Planning Conference gathering over 40 health

officials from the region to share information on the family planning program in participating countries. Berry Moon Watson administrator Family Health Unit said the conference, which started on May 16, encompasses various topics ranging from family planning, contraception, health education and sexually transmitted diseases, among others. She said the conference would focus on exchange of new techniques in promoting family planning among the countries in the region. The topics of the conference include contraceptive management, pregnancy counseling, pap management, counseling techniques and microscopy. In Palau, she said family planning program is accessible to the community and it was dubbed as the best-run program in the Pacific. The federally funded program has been running for 28 years in Palau and Watson said it is the Ministry of Health's goal to bring the services to the community. She said the program in income --based that those who cannot afford medical care can avail of the services for free. She said the program is even available at all dispensaries in Palau and can be accessed by non-Palauan too. The conference will conclude today with presentations from every jurisdiction.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To continue outreaches to the Middle and High Schools.			X	
2. To assure that contraceptive devices are available to adolescents without parental approval.				X
3. To encourage all health providers who provide care to youth to include comprehensive age-appropriate information on sexual health issues, including prevention of unintended pregnancies and sexually transmitted diseases.	X			
4. Involve males at an early age in teen prevention efforts, make programs comfortable for males, and conduct more outreached targeted at young men who are not using family planning services.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH Program continues to collaborate with the Guam Family Planning Program to increase the availability and accessibility of pregnancy testing in the public middle and high schools.

Title X requires that clients visiting clinics for contraceptive care be offered related preventive health services as well. As a result, the program regulations and official guidelines specify a wide range of services to be delivered to clients at Title X-supported clinics, including blood pressure evaluation, breast examinations, pelvic examinations, Pap tests, and sexually transmitted disease (STD) and HIV testing, as indicated. Research has shown that teen's use of contraceptives will subsequently influence their risk of unintended pregnancy and contracting a sexually transmitted infection.

Among participants involved with the Guam Family Planning Program that used contraceptives, condoms were the predominant method. While helpful in preventing the transmission of STDs, condoms are not as effective in preventing pregnancy as hormonal contraceptive methods, which, on the other hand, hormonal contraceptive methods do not provide protection against STIs. Almost 13% of participants used a hormonal method (birth control pills, Depo-Provera, etc.) The remaining users chose an alternative method such as "rhythm", withdrawal, sponge etc.

Interesting was that a little over 13% of Guam Family Planning participants used abstinence as a method of birth control.

c. Plan for the Coming Year

1. To continue outreaches to the Middle and High Schools.

2. To assure that contraceptive devices are available to adolescents without parental approval.

3. To encourage all health providers who provide care to youth to include comprehensive age-appropriate information on sexual health issues, including prevention of unintended pregnancies and sexually transmitted diseases.

4. Involve males at an early age in teen prevention efforts, make programs comfortable for males, and conduct more outreached targeted at young men who are not using family planning services.

State Performance Measure 3: *Percent of women who use alcohol, tobacco and other drugs during pregnancy*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective				5	5
Annual Indicator	8.4	14.9	14.0	0.0	0.0
Numerator	277	511	447	0	0
Denominator	3298	3427	3203	2914	3501
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	5	5	5	5	5

Notes - 2006

Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff

have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division.

Notes - 2005
The Office of Vital Statistics with the Department of Public Health and Social Services has not completed the statistical report for 2005.

a. Last Year's Accomplishments
State Performance Measure # 3 complements National Performance Measure # 15 though National Performance Measure 15 focuses on cessation during the last three months of pregnancy.

Strategies and activities for both measures are replicated in the narratives for both measures in the Title V Information System for purposes of research and comparisons of the individual measures with other states or nationally.

Pregnant or post partum women with dependency problems can choose from 20 programs that provide drug and alcohol treatment services. Thirteen of these programs are from the private sector treatment programs. Eighty-one percent of private sector providers and 50% of public sector service programs accept pregnant or post-partum women as clients. The care available to pregnant substance abusers is concentrated at lower ASAM (American Society of Addiction Medicine) levels of care, with 6 programs at ASAM level 0.5 (educational) and 11 at Level 1 (low intensity out patient). In addition, three programs offer multiple and high levels of care.

Seventy-five percent (12 out of 16) private sector treatment programs and 64% (9 out of 14) of government agency programs report being able to treat women with dependent children who have substance abuse/dependence problems.

The 21 treatment programs available to these women were distributed across the various ASAM Levels of Care. The greatest number of programs at a particular level (12) was those providing ASAM Level 1 (low intensity outpatient) where services were provided predominately by private sector clinicians.

Pregnant women who are drug abusers have a higher incidence of chronic infections, poor nutrition and anemia and lack of prenatal care. Usage of drugs in pregnancy can result in babies who suffer from drug withdrawal after birth.

Data from the Guam Memorial Hospital Labor and Delivery shows that there was 1 mother who stated she was using alcohol, 11 stated that they were drug users, and 376 stated that they smoked.

Guam Memorial Hospital Authority collects information on drug and alcohol exposure before delivery. It is only when a doctor may be suspicious of mom's presentation that a urine toxicology is performed. If the mother tests positive for drugs, the case of referred to Social Services Department of the hospital and Guam Early Intervention Services, a service to provide early intervention to families with infants 0-3.

A poster presentation was created for the Central Public Health Clinic in December 2006 on the Dangers of Smoking in Pregnancy and the Effects of Second Hand Smoke.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to hold campaigns to raise awareness and education about drugs and alcohol usage during pregnancy.			X	
2. Coordinate with key partners to update policy to promote awareness activities.		X		
3. To improve Public Education efforts.			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Pregnant women who are drug abusers have a higher incidence of chronic infections, poor nutrition and anemia and lack of prenatal care. Usage of drugs in pregnancy can result in babies who suffer from drug withdrawal after birth.

Guam Memorial Hospital Authority collects information on drug and alcohol exposure before delivery. It is only when a doctor may be suspicious of mom's presentation that urine toxicology is performed. If the mother tests positive for drugs, the case is referred to the Social Services Department of the hospital and Guam Early Intervention Services, a service to provide early intervention to families with infants 0-3.

Data from the Guam Memorial Hospital Labor and Delivery shows that there was one mother who stated she was using alcohol, 11 stated that they were drug users and 376 stated that they smoked.

Despite the increased focus on intervention, many pregnant women do not receive the help that they need. Reasons for not receiving medical treatment may include ignorance, poverty, lack of available services and fear of criminal prosecution, which may lead addicted women to conceal their drug usage from medical providers and further jeopardize the pregnancy outcome.

c. Plan for the Coming Year

Plans for the coming year include running television ads and creating promotional materials for pregnant and postpartum women. Our plan is to combine prenatal smoking cessation information with prenatal weight gain
information. Inadequate weight gain and smoking are two top risk factors for low birth weight in Guam.

Furthermore, Guam is in the early stages of constructing a preconception and inter conception plan to promote readiness for pregnancy. One of the primary messages will be for all women contemplating pregnancy to cease smoking before becoming pregnant, and if pregnant to cease early. Upon the implementation, the MCH Program will monitor and evaluate to assure we continue reducing the percentage of women smoking the last three months of pregnancy.

The Title V Program provides pregnancy risk assessments for all eligible women. The risk assessment identifies and then attempts to educate women on the harmful effects of drugs, tobacco and alcohol on the fetus.

The MCH Program also conducts an Early Prenatal Counseling Class (EPCC) that provides education and information to pregnant women and their partners of the adverse effects of drugs, tobacco and alcohol on the fetus.

State Performance Measure 4: *Percent of children younger than 18 years maltreated/neglected.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	10	10	10	10	10
Annual Indicator	3.9	3.3	3.0	2.8	2.9
Numerator	2418	2098	1941	1808	1851
Denominator	62688	63333	63850	63850	63850
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	10	5	5	5	5

a. Last Year's Accomplishments
Child abuse and neglect are preventable, yet each year in the U.S. close to one million children is confirmed victims of child maltreatment. Adverse consequences for children's development often are evident immediately, encompassing multiple domains including physical, emotional, social and cognitive. For many children, these effects extend far beyond childhood into adolescence and adulthood, potentially compromising their lifetime productivity.

Although the economic costs associated with child abuse and neglect are substantial, it is essential to recognize that it is impossible to calculate the impact of the pain, suffering and reduced quality of life that victims of child abuse and neglect experience. These "intangible losses", though difficult to quantify in monetary terms, are real and should not be overlooked.

Child Protective Services (CPS) of the Department of Public Health and Social Services reported that in 2006 there was 1,267 referrals received and 1,808 children were the subjects of those reports.

In 2007, data compiled by CPS showed a slight increase in the number of referrals received. For 2007, CPS received 1,187 referrals with 1,851 children the subjects of the reports.

CPS received 526 referrals dealing with physical abuse, 266 referrals regarding sexual abuse, 260 were for emotional abuse, 817 were neglect referrals and 522 "Other" referrals which includes teenage pregnancy, children at risk due to drug usage by parents/caretakers, family violence, alcohol abuse by parents/caretakers, teen suicide, teen runaways and other court ordered assessments.

Rape continues to increase within the family. The number of arrests for offenses against the family and children shows a dramatic increase of 187 in 1996 to 583 reported in 2005. Comparison of 2001 and 2005 data on sex offenses and rape shows a decrease in arrests from 4 to 3 arrests for sex offenses and a decrease from 115 to 93 arrests for rape. The Department of Law reported 92 family violence felony cases.

The Guam Rural Project is part of Guam's continuing improvement efforts that aims to provide comprehensive services for victims of domestic violence, dating violence, sexual assault, stalking and child abuse by: 1) identifying, assessing and appropriately responding to child, youth and adult victims of domestic violence, sexual assault, date rape and stalking; 2) establish and

expand NGO (nongovernmental office) victim services in the community for child, youth and adult victims; and 3) increase safety and well being of women and children in the community by dealing directly and immediately with date violence, domestic violence, sexual assault and stalking.

Funds of the program will be used to: 1) extend hours of operation for safe visitation/exchange center; 2) assistance for the elderly, cognitively and physically challenged individuals; 3) referral service aid; 4) expand security and safety measures for victims; 5) aid for intervention and crisis center; 6) treatment and counseling; 7) outreach awareness and public education/prevention services in coordination with community partners and 8) technical assistance/ training for project personnel.

As reported in the 2007 Youth Risk Behavior Surveillance, 12 months preceding the survey, 13.3% of students had been hit, slapped, or physically hurt on purpose by their boyfriend/girlfriend. The prevalence of dating violence was higher among 11th grade (17.1%) and 12th grade (15.6%) than 9th grade (10.9%) and 10th grade (10.5%) students.

Almost thirteen percent (12.9%) of students had been physically forced to have sexual intercourse when they did not want to. Overall, the prevalence of having been forced to have sex was higher among female (17.7%) students than male (8.8%) students. The prevalence of having been forced to have sexual intercourse was higher among 11th grade (16.2%) than 9th grade (11.1%) and 10th grade (13.6%) students.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Outreach awareness and public education/prevention services in coordination with community partners.			X	
2. Help to extend hours of operation for safe visitation/exchange center.				X
3.				
4.				
5.				
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b. Current Activities

Domestic violence, family violence and sexual assault crimes continue to be a major community and criminal justice issue in Guam. Government and non-profit organization such the Healing Hearts Rape Crisis Center, Victims Witness Ayuda Services, and Victims Advocate Reaching Out are active. The efforts of the Guam Police Department and the Attorney General's Office to establish specialized domestic violence units and training have reinforced the community's concern to deal swiftly with perpetrators of domestic violence.

In November 1994 Inafa' Maolek (IM) conducted its first Peer Mediation training for 31 students from John F. Kennedy High School. That Spring IM conducted its first middle school training and the following fall did its first elementary training. In subsequent years IM conducted at least ten such 10-hour trainings every school year…totaling over 120 trainings altogether inclusive of over 30 public, private and Department of Defense Schools throughout Guam.

In support of Peer Mediation we provide an array of specialized conflict resolution workshops for

students including: Date Rape/Dating Violence, Bullying, Hate Crimes (Racial-Ethnic Conflict), Suicide, Sexual Harassment, Rumors & Gossip, Peer Pressure & Smoking (Drugs) (Drunk Driving/Drag Racing), Bulimia and Bystander Response ("Good Samaritan")

Note: Hallmarks of all our workshops are the use of drama (Peace Theatre skits) and IM's youthful training team.

c. Plan for the Coming Year

Current data reflects that: 1) Domestic violence robbery and drug related crimes remain to be the primary motives for homicide cases; 2) There is a relationship between alcohol/drug abuse and criminal sexual conduct; 3) Firearms use in the number of homicide cases continue; 4) Spouses and/or boyfriends continue to be on top of the perpetrator list; and 5) Women and their children rank high on the victim list for domestic violence, sexual assault, and stalking.

Those under the age of 18 rank the highest age group for sex offenses and rape and the highest age group arrested for offenses against the family and children are the 20 -- 24 age group.

Healing Hearts Crisis Center, Guam's only rape crisis center, conducted 93 examinations. Eighty (80) were for females and 13 were conducted for males; of these cases, 44 were acute rape examinations and 26 non-acute rape exams were conducted.

Rape continues to increase within the family. The number of arrests for offenses against the family and children shows a dramatic increase of 187 in 1996 to 583 reported in 2005. Comparison of 2001 and 2005 data on sex offenses and rape shows a decrease in arrests from 4 to 3 arrests for sex offenses and a decrease from 115 to 93 arrests for rape. The Department of Law reported 92 family violence felony cases.Outreach awareness and public education/prevention services in coordination with community partners.

Help to extend hours of operation for safe visitation/exchange center.

State Performance Measure 5: *The prevalence of partner violence in adolescent relationships*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective				0	0
Annual Indicator	6.0	5.8	0.0	8.5	10.0
Numerator	812	812	0	1248	1500
Denominator	13508	13906	14318	14679	15057
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	0	0	0	0	0

a. Last Year's Accomplishments

As reported in the 2007 Youth Risk Behavior Surveillance, 12 months preceding the survey, 13.3% of students had been hit, slapped, or physically hurt on purpose by their boyfriend/girlfriend. The prevalence of dating violence was higher among 11th grade (17.1%) and 12th grade (15.6%) than 9th grade (10.9%) and 10th grade (10.5%) students.

Almost thirteen percent (12.9%) of students had been physically forced to have sexual intercourse when they did not want to. Overall, the prevalence of having been forced to have sex was higher among female (17.7%) students than male (8.8%) students. The prevalence of having

been forced to have sexual intercourse was higher among 11th grade (16.2%) than 9th grade (11.1%) and 10th grade (13.6%) students.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To conduct outreach to provide awareness of partner violence.			X	
2. To develop and implement and conduct effective dating safety programs.				X
3. To continue to work with partners to secure accurate data.				X
4. To continue outreaches to the Middle and High Schools.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Those under the age of 18 rank the highest age group for sex offenses and rape and the highest age group arrested for offenses against the family and children are the 20 -- 24 age group.

Healing Hearts Crisis Center, Guam's only rape crisis center, conducted 93 examinations. Eighty (80) were for females and 13 were conducted for males; of these cases, 44 were acute rape examinations and 26 non-acute rape exams were conducted.

c. Plan for the Coming Year

To conduct outreach to provide awareness of partner violence.

To develop and implement and conduct effective dating safety programs.

To continue outreaches to the Middle and High Schools.

To continue to work with partners to secure accurate data.

State Performance Measure 6: *The percent of high school students who have engaged in sexual intercourse*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				0	0
Annual Indicator	49.1			8.4	0.0
Numerator	680			1229	0
Denominator	1386	1386		14679	15057
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	0	0	0	0	0

Notes - 2005

2005 YRBS not available by grant deadline

a. Last Year's Accomplishments
Dramatic biological changes and new sexual feelings are normal parts of adolescent development. Among the most difficult choices facing adolescents are the decisions concerning responsible sexual behavior. Sexual pressures during the teen years are not new.

What has changed for today's youth is a mix of conflicting biological and societal forces. Today's adolescents are entering puberty earlier and marrying later. They are doing so in an atmosphere of access to contraceptives, divorce, births to unwed mothers and awareness of sexually transmitted diseases. Moreover, media images of sexual behavior are most pervasive, yet largely silent concerning the risks of too early sexual activity or unintended pregnancy and sexually transmitted diseases. They are ambivalent at best about abstinence and contraceptives.

Any male or female capable of becoming pregnant or causing pregnancy whose income is at or below 250% federal poverty level is income eligible to receive free clinical examinations and free contraceptives through the Guam Family Planning Program. On Guam 38,178 women were in the age bearing years of 15 through 44. Of these, 15,318 were adolescent females between the ages of 10 through 19 years of age.

According to the Guam Youth Risk Behavior Survey, the percentage of total students who reported ever having sexual intercourse was 45%. Sixteen percent (16%) of all students who ever had sex reported having 4 or more sexual partners more males than females reported having multiple sexual partners. Those who reported having more sexual partners in the last three months as 29.9%

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. To continue outreaches to the Middle and High Schools.			X	
2. To assure that contraceptive devices are available to adolescents without parental approval.				X
3. To encourage all health providers who provide care to youth to include comprehensive age-appropriate information on sexual health issues, including prevention of unintended pregnancies and sexually transmitted diseases.	X			
4. Involve males at an early age in teen prevention efforts, make programs comfortable for males, and conduct more outreached targeted at young men who are not using family planning services.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Submission of the Family Planning Annual Report (FPAR) is required of all Title X Family Planning grantees for purposes of monitoring and reporting progress in program performance. The FPAR is the only source of annual uniform reporting by all Title X grantees.

According to the 2005, FPAR the Guam Family Planning Program saw 5,373 clients, for 2006,

the Program saw 4,120 clients a difference of -- 23.32%. For 2007, there were 2,158 clients or a difference of -- 47.62% from 2006 data that was reported.

The Family Planning Program served 1,877 males in 2005, for 2006 there was 1,397 males a difference of -- 25.57% from the 2005 data. For the year 2007, there were 784 males in the program, which was a difference of -- 43.88% from the 2006 data.

The data reflect the same trend for female users of the program, in 2005, there were 3,496 females who received some family planning however, and in 2006, only 2,723 females sought family planning services. This was a difference of -- 2.11% from 2005. In 2007, the FPAR shows 1.374 females or a difference of -- 49.54% from 2006 data.

c. Plan for the Coming Year

1. To continue outreaches to the Middle and High Schools.

2. To assure that contraceptive devices are available to adolescents without parental approval.

3. To encourage all health providers who provide care to youth to include comprehensive age-appropriate information on sexual health issues, including prevention of unintended pregnancies and sexually transmitted diseases.

4. Involve males at an early age in teen prevention efforts, make programs comfortable for males, and conduct more outreached targeted at young men who are not using family planning services.

State Performance Measure 7: *The percent of high school students who are overweight*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				5	5
Annual Indicator	5.5	5.3	0.0	8.4	10.0
Numerator	742	742	0	1235	1500
Denominator	13508	13906	14318	14679	15057
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	5	5	5	5	5

a. Last Year's Accomplishments

Dramatic increases in childhood obesity have occurred in recent decades. Childhood obesity has a profound effect on physical, mental, emotional and social development of children. Furthermore, childhood obesity is associated with developing into adult obesity.
Nutrition is essential for growth and development, health and well being, behaviors to promote good health should start early in life with breastfeeding and continue through life with the development of healthful eating habits.

On Guam, 22.1% students who answered the questions in Youth Risk Behavior Surveillance believed that they were overweight. The prevalence of being "overweight" was higher among female (27.3%) than the male (22.1%) students.

Over half of the students surveyed (63.3%) were trying to lose weight. Overall, the prevalence of

students trying to lose weight was higher among female (58.2%) than male (39.9%) students. During the 30 days preceding the survey, 41.3% of students had eaten less food, fewer calories or foods low in fat to lose weight or to keep from gaining weight.

During the 30 days preceding the survey, 8.2% of students had taken diet pills, powders or liquids without doctor's advice to lose weight or to keep from gaining weight. As expected, the prevalence of having taken diet pills, powders or liquids was higher among female (10.1%) students than male (6.1%) students.

Nine (9.2%) percent of students had vomited or taken laxatives to lose weight or to keep from gaining weight during the 30 days preceding the survey. Overall, the prevalence of having vomited or taken laxatives to lose weight or to keep from gaining weight was higher among female (9.5%0 than male (8.8%) students.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. The program will continue to investigate and cultivate partnerships with advocacy organizations to effectively meet needs and opportunities for families and children				X
2. Provide nutrition education and help facilitate physical activity in the schools.		X		
3. Adolescents will be the focus of education and training opportunities.			X	
4. Staff will continue to collaborate with agency partners that will work on opportunities for youth.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Children's physical fitness is a matter of concern, so much that the Guam's Legislature passed a law at the end of 2005 to measure the Body Mass Index, or BMI, of all students and passes that information to the parents.

The move toward measuring whether kids are overweight or underweight is part of a multifaceted wellness policy that the school system must keep up with to avoid jeopardizing the $6 million to $8 million in federal funds that the Guam Public School System receives every year that is in part used to pay for the reduced and free breakfast and lunch programs at island public schools.

According to Dina Lorenzo, state program coordinator for the school system's food and nutrition services, a recommendation being considered by the school system seeks to add physical education into the elementary school curriculum. It calls for 150 minutes of physical education a week, or 30 minutes a day.

While that recommendation is under review, parents bear the responsibility of ensuring their children get involved with physical activities to stave off obesity. But once parents can get kids to be physically active, the difficulty lies in keeping them at it. Parents' work schedules and the location of the activities can hamper kids from going to practice or an event. This means that a parent must look around and choose activities that best fit the family situation.

c. Plan for the Coming Year
In February, the Guam Medical Society President pushed for the implementation of a mandatory school physical education program until the 12 th grade and after school programs in the public schools to help eliminate childhood obesity. He stated that legislators should consider including in the education budget an allocation that will allow the government to tap the 70 physical education teachers to staff the program.

The Medical Society official noted that children on Guam eat more processed and "junk" food today than kids did the 1970s. He also noted a 400% increase in children's average intake of pizza from the period 1978-2002 periods. (Data can not be verified). He also stressed that the mandatory physical education program should go hand in hand with nutrition education. Unfortunately, the suggestion was not carried into the education budget

1. The program will continue to investigate and cultivate partnerships with advocacy organizations to effectively meet needs and opportunities for families and children.

2. MCH social workers will provide family support services which may include providing assistance and culturally appropriate education to families with children that will enable families to acquire skills necessary to access needed medical and support services.

3. Staff will continue to collaborate with agency partners that will work on opportunities for youth.

4. Adolescents will be the focus of education and training opportunities.

State Performance Measure 8: *Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2003**	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective				48	48
Annual Indicator	56.7	56.7	41.2	79.0	81.6
Numerator	548	548	562	562	1000
Denominator	967	967	1364	711	1225
Is the Data Provisional or Final?				Provisional	Provisional
	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	48	48	48	48	48

a. Last Year's Accomplishments
The Immunization Program within the Guam Department of Public Health & Social Services is responsible for services designed to promote full immunization status of Guam's population.

The Program's focus is to eliminate or control vaccine-preventable diseases. Vaccines are provided to public and private providers to protect against Measles, Mumps, Rubella, Polio, Diphteria, Tetanus, Pertussis, Haemophilis Influenza and Hepatitis B.

The Guam MCH Program provides health services to island residents that meet MCH eligibility criteria. Child health services include Well Child clinics including immunizations, Community Health Nurse Home Visit Services, screening and referrals for children with special health care needs, referrals to audiological or speech evaluations, referral to dental health services, social

services provided by medical social services, referral to the WIC Program, nutrition counseling and health education services.

For children ages 0-21 with disabilities and chronic conditions, the program provides preventive and primary care. The program offers a system of family-centered, coordinated, community-based, culturally competent care, assuring access to child health services including medical care, case management and home visiting, screening referrals and assistance obtaining a medical home. Services are provided either directly through Title V or by referral to other agencies and programs that have the capability to provide medical, social and support services to this population.

During June 2007, a medical team from the Shriners Hospital for Children in Hawaii held an outreach clinic on Guam. On the first of June, the team held a clinic at the office of a private provider in which 50 patients were seen. On June 4 through June 8, an outreach clinic was held at the Central Public Health located in Mangilao. During this time, 275 children were seen. In total, 325 children received consultation and evaluation services.

In addition to the Shriners Clinic, a certified orthotics specialist conducted a Shriners Orthotics Clinic. Thirty-five patients were provided consultation, evaluation and follow-up on the use of assistive devices.

Prior to the clinics, all records for the children that will be seen are evaluated to see 1) what kind of documents are needs; 2) are the any lab test that must be done prior to the child's visit and 3) are the immunizations up-to-date. The Immunization card is xeroxed to have put into the medical record.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. MCH CSHCN staff will continue to participate in inter and intra agency committees, trainings and workgroups which focus on improving access to services for CSHCN.			X	
2. MCH CSHCN staff will continue to work with programs to provide services and increase access to resources that may act as a safety net for CSHCN and their families.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Immunizations guard against the contraction of communicable diseases. Immunizations protect children from infectious diseases such as hepatitis, diphtheria, tetanus, polio, measles, mumps, rubella, Pertussis, influenza and varicella (chicken pox). Vaccines have led to nationwide declines of these serious and sometimes fatal diseases. On Guam, immunizations are a requirement for entry into kindergarten. Because most immunizations are provided between ages of 0-2 during routine well-baby visits, immunizations may be an indication of whether young children are receiving regular checkups and medical care.

Immunizations are a vital part of every primary and preventive care visit. In 2007, nurses at the

Central Public Health immunized 6,656 children and administered 14, 360 doses.

In addition, the EPDST Program has actively worked to ensure that children participating in the program receive complete immunizations by age two (2). The providers immunize children in accordance with the schedule or they refer their clients for immunization in accordance with schedule.

To promote childhood immunizations, the Immunization Program assures access to vaccines that are required for school entry by promoting Immunization Outreach at various locations throughout the island.

The MCH Program provided direct health care services through Immunization outreaches and hold an Immunization Clinic every Monday and Wednesday at the Central Public Health building in Mangilao.

c. Plan for the Coming Year

1. MCH CSHCN staff will continue to participate in inter and intra agency committees, trainings and workgroups which focus on improving access to services for CSHCN.

2. MCH CSHCN will continue to support access to specialists and sub-specialists through the use of telemedicine and specialty outreach clinics.

3. MCH CSHCN staff will continue to work with programs such as Guam Early Intervention Services, Project Tinituhon and Guam Public School System to provide services and increase access to resources that may act as a safety net for CSHCN and their families.

E. Health Status Indicators

/2008/

A brief discussion of the Health Status Indicators is provided below. Additional data may be found on Form 20.

The Guam Department of Public Health and Social Services has utilized the health status indicators to serve as another tool for surveillance of selected indicators. The data on Form 20 provides a quick snapshot of the birth outcomes, injuries and sexually transmitted diseases for the island. This data is useful when looking at overall trends, but it does not however provide detailed information that may provide another perspective, such as ethnicity or race data.

Data presented on Form 21 provides another perspective that is critical when evaluating programs and assessing Guam's MCH needs. This demographic data will provide another piece of information when evaluating the demographics of those populations that might need more targeted intervention by the Title V Program, as well as providing trend data.

- Health Status Indicator # 01A -- The percent of live births weighing less than 2,500 grams.
- Health Status Indicator # 01B -- The percent of live singleton births weighing less than 2,500 grams.
- Health Status Indicator # 02A -- The percent of live births weighing less than 1,500 grams.
- Health Status Indicator # 02B -- The percent of live singleton births weighing less than 1,500 grams.

Obtaining early and regular prenatal care is an important component for improving prenatal outcomes. Many women in the United States receive little or no prenatal care even though there has been support for the importance of prenatal care since the early 20th century. Women beginning care in the third trimester and women receiving no prenatal care are at increased risk for poor pregnancy outcomes. Birth data for 2006 is still preliminary, however reported low birth weight infants were _____% for all live births and _____% for singleton births. Although preliminary data shows a reduction/increase in the low birth weight (lbw) and very low birth weight (vlbw) rates, MCH will wait until the vital statistics data are completed and information is made official before drawing conclusions based on this evidence.

Nationally, federal health agencies, insurance companies, health researchers and policy groups promote the need for a "continuum of care" with patients. It is recognized that continuity of coordinated, quality care is the best model of care for patients and is the most cost effective method for providing and paying for services. A continuum of care is best achieved through consistent access to quality health providers.

As stated earlier, early preventive prenatal care and education are recognized as the most cost effective ways to improve pregnancy outcomes. The Department of Public Health and Social Services has a commitment to the goal of ensuring healthy births, reducing the incidence of low birth weight and improving the health status of Guam's children. The Department operates two regional community health centers, one in the northern area of the island and one in the southern area. Both community health centers offer comprehensive prenatal care services to insured, uninsured and underinsured women.

Efforts to improve these indicators are conducted by the MCH Program. The MCH Program provides care coordination, health education and counseling to pregnant women with health and social risk factors associated with low birth weight and very low birth weight infants. The WIC Program also contributes toward reducing those rates by focusing on women who present nutritional risk factors. In 2006, the WIC Program provided services to 1,242 pregnant women.

Although smoking during pregnancy has declined in the United States in response to public education and public health campaigns, smoking among Guam pregnant women remains a problem. Cigarette smoking during pregnancy adversely affects the health of both mother and child. The risk for adverse maternal outcomes (i.e., premature rupture of membranes, abruptio placenta and placenta previa) and poor pregnancy outcomes (i.e., neonatal mortality and stillbirth, preterm delivery and sudden infant death syndrome) is increased by maternal smoking. Infants born to mothers who smoke weigh less than other infants; low birth weight (< 2,500 grams) is a key predictor for infant mortality.

Women who quit smoking before or during pregnancy can substantially reduce or eliminate risks to themselves and their infants. Evidence suggests that smoking cessation messages have been at least partially successful. However, not all women have responded to these public health messages. Over 13 % of the 3,203 births in 2005 were to mothers who smoked during their pregnancies.

/2009/ Pregnant women who are drug abusers have a higher incidence of chronic infections, poor nutrition and anemia and lack of prenatal care. Usage of drugs in pregnancy can result in babies who suffer from drug withdrawal after birth.

Data from the Guam Memorial Hospital Labor and Delivery shows that there was 1 mother who stated she was using alcohol, 11 stated that they were drug users, and 376 stated that they smoked.

Guam Memorial Hospital Authority collects information on drug and alcohol exposure before delivery. It is only when a doctor may be suspicious of mom's presentation that a

urine toxicology is performed. If the mother tests positive for drugs, the case of referred to Social Services Department of the hospital and Guam Early Intervention Services, a service to provide early intervention to families with infants 0-3. //2009//

Prematurity can be a complication of substance abuse which can cause a child to suffer life long adverse physical effects and may also cause the child to be slow to develop and prone to disease or disability. After birth, infants may experience serious or even fatal substance withdrawal symptoms. Beside a contributing factor to preterm births, substance abuse often leads to risky behaviors for the pregnant women, which can lead to other complications such as premature rupture of membranes, stillbirth, sexually transmitted infections, domestic violence, increased stress and poor nutrition. In 2006, 447 infants were born to mothers with substance abuse.

An unplanned pregnancy can be a barrier to obtaining timely prenatal care because it may take weeks or months for a woman to realize or accept that she is pregnant. The consequences of unintended pregnancy can be serious, even life altering, particularly for women who are young or unmarried, or have just recently had a child. Lack of prenatal care, along with poor birth spacing or giving birth before of after one's child bearing years, can pose health risks for the woman and the unborn child.

The Guam Family Planning Program has been an integral component of the Guam public health system, providing high-quality reproductive health services and other preventive health care to low-income or uninsured individuals who may otherwise lack access to health care. The health care provided by the Family Planning Program prevents unintended pregnancies; reduces the need for abortion; lowers rates of sexually transmitted diseases, including HIV; detects breast and cervical cancer at its earliest stages and improves the overall health of women, children and families.

Any female or male capable of becoming pregnant or causing pregnancy is eligible to receive free clinical examinations and free contraceptives through the Family Planning Program.

Family planning has been a public health success story, across the United States as well as in Guam. Family Planning Program clinics not only provide quality health care services, but also save the government money. Investments in discretionary programs often lead to savings in mandatory spending. For every dollar spent on publicly funded family planning, $3 is saved in pregnancy-related and newborn care costs for Medicaid.

Family Planning Program clinics offer counseling and referral for patients regarding future planned pregnancies, management of current pregnancies, or other individual concerns (i.e., nutrition, sexual concerns, substance use and abuse, sexual abuse, domestic violence, or genetic issues). Preconception counseling is provided if patient history indicates a desired pregnancy in the future.

/2009/ According to the 2005, FPAR the Guam Family Planning Program saw 5,373 clients, for 2006, the Program saw 4,120 clients a difference of -- 23.32%. For 2007, there were 2,158 clients or a difference of -- 47.62% from 2006 data that was reported.

The Family Planning Program served 1,877 males in 2005, for 2006 there was 1,397 males a difference of -- 25.57% from the 2005 data. For the year 2007, there were 784 males in the program, which was a difference of -- 43.88% from the 2006 data. //2009//

- Health Status Indicator # 03A -- The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.
- Health Status Indicator # 03B -- The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

- Health Status Indicator # 03C -- The death rate per 100,000 for unintentional injuries for youth aged 15 through 24 years old due to motor vehicle crashes.
- Health Status Indicator # 04A -- The rate per 100,000 of all non-fatal injuries among children aged 14 years and younger.
- Health Status Indicator # 04B -- The rate per 100,000 of non-fatal injuries due to motor vehicle crashes among children aged 14 years and younger.
- Health Status Indicator # 04C -- The rate per 100,000 of non-fatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

Unintentional injuries are one of the leading causes of death in the adolescent and young adult population on Guam. Obtaining reliable data and analyzing it allows the MCH Program to have the evidence to guide decision-making and for the development of action plans, such as legislative measures. Having long-term data regarding these indicators facilitates the analysis interpretation and evaluation of the impact of prevention strategies that have been implemented.

MCH shares its Annual Report and Grant Application in which descriptions of the number and the causes of death by age groups according to the Healthy People 2010 objectives. This information is also shared with stakeholders, collaborators and legislators. Furthermore, this information is also used for press conferences, raising awareness, presentations to health professionals, and training activities.

The Injury Prevention component of MCH seeks to reduce morbidity and mortality from intentional and unintentional injuries. The program focuses its efforts on those high incidence injuries that are most amenable to public health interventions. Much of the component's work regarding injuries among children is done in collaboration with the Emergency Medical Services for Children (EMSC) Program. As partners, we collaborate with other organizations and agencies to: provide training and technical assistance to professionals and the public; promote and implement effective prevention programs; and evaluate the impact of these activities. The overall program design focuses on integrating injury prevention and control activities into existing health care and other community-based services.

In 2004, the Guam Police Department investigated 6,561 traffic crashes resulting in 1,005 injuries. Of the 14 fatalities, 7 (50%) were alcohol and/or drug-related. In 2005, the Guam Police Department investigated 6,648 traffic crashes resulting in 926 injuries. Of the 18 fatalities, 7 (39%) were alcohol and/or drug related.

/2009/ Each year, alcohol and drugs stand out as being the major causes, which contribute to the high rate of traffic crashes, injuries and fatalities. Continuing campaigns have had positive educational impact. However, people still need to be reminded repeatedly about the dangers in drunk/drugged driving. Positive steps continue to be taken to alleviate and correct these deficiencies in an effort to counteract the island's drunk/drugged driving problem.

In 2005, there were 103 DUI crashes, 24 fatalities (11 which were alcohol and/or drug related) and 817 DUI arrests. In 2006, (latest data) there were 233 DUI crashes, 13 fatalities (4 were alcohol and/or drug related) and 836 DUI arrests. //2009//

In order to promote child passenger safety measures among the diverse multi-cultural communities on Guam, the Office of High Safety has networked with numerous Government of Guam agencies, private, military and non-profit organizations. These activities were designed for the community-at-large, rather than for specific cultural target audiences.

School presentations, displays and exhibits at shopping centers, presentations at community functions and public service announcements (PSA's) are major contributions to promoting and enhancing Occupant Protection/ Child Traffic Safety Program for the general public.

There is still a great need to keep enforcement efforts by the Guam Police Department and the issuance of citations for seat belt violators. Constant reminders about air bag safety and seat belts continues through electronic media, presentations, enforcement and distribution of public information and education materials depicting effective use of safety belts compliment with air bags in motor vehicles.

The inherent problem is associated with the language barriers that minimize the overall impact of these vital highway safety educational programs. Many people on Guam speak a language other than English at home.

A formal survey was conducted in 2006 by University of Guam students regarding views on seat belt safety. The survey showed a slight increase in children four (4) years old and under being properly restrained in a car seat from 68% in 2005 to 75%. Most infants were placed in infant carriers. Thus, the popularity of infant carriers and rear-facing child restraint systems is a welcome development.

According to Guam Memorial Hospital Authority, motor vehicle crashes continue to be the leading cause of injuries to patients visiting the Emergency Room. The highest incidences occurred in children and youth ages one through 19. In addition, the office of Vital Statistics recorded motor vehicle crashes as one of the top ten (10) leading causes of death on Guam. However, it is the 1st leading cause of death in individuals aged 30 though 39. Traffic related injuries also include those injuries sustained while walking, riding a bicycle, or riding a motorcycle.

To reduce traffic related fatalities to bicyclists, the Department of Public Health and Social Services has implemented the National Strategies for Advancing Bicycle Safety into school presentations. Demonstration of the proper use and educational information on the importance of properly fitted helmets are discussed with children.

- Health Status Indicator # 05A -- The rate per 1,000 women aged 15 through 19 years with a reported case of Chlamydia.
- Health Status Indicator # 05B -- The rate per 1,000 women aged 20 through 44 years with a reported case of Chlamydia.

Chlamydia is the most common bacterial sexually transmitted disease (STD) and the most commonly reported communicable infection in the United States. Chlamydia is known as the "silent" disease because three quarters of infected women and about half of infected men have no symptoms. Chlamydia is now recognized as a major cause of pelvic inflammatory disease (PID) which can cause infertility.

As is common elsewhere, Guam sees its highest rates of Chlamydia among women less than 25 years of age. The Department of Public Health and Social Services monitors Chlamydia through the Bureau of Communicable Disease Control and reports age specific rates for various age groups. Historically, the highest rates have been among 10-24 years old with 15-19 year olds having the next highest rates. This information is provided to island residents through educational programs offered by the STD Program and by the Family Planning Program. Because of the high rates of Chlamydia among adolescents, the STD Program prioritizes this age group for follow-up education, assurance that treatment was completed and partner tracking.

/2006/ There were 818 cases of Chlamydia reported in 2005 compared to 865 reported in 2006. This was a 6% increase in reported cases of Chlamydia. There were 93 cases of Gonorrhea reported in 2005 compared to 116 in 2006. This was a 25% increase. There were 19 cases of Syphilis in 2005 compared to 11 in 2006. There were 2,432 clients screened for STDs and HIV in 2005 compared to 2,531 in 2006. Over 50% of STD, cases reported in 2006 were under the age of 25 years of age. Condom distribution reported in 2006 was over 100,000 compared to 2005 where 75,000 were distributed. ***//2009//***

Health Status Indicator # 06 A and B -- Infants and children aged 0 through 24 years enumerated by age subgroups, race, and ethnicity.

As part of the Needs Assessment process, the Department of Public Health and Social Services Office of Planning and Evaluation tracks, on an annual basis, subpopulation trends in age group, race and ethnicity in order to conduct cross-tabulations of factors that impact health and target prevention activities in populations most in need. Data are drawn from Vital Records, U.S. Bureau of Census, and other population estimate sources. This information is shared with partners, stakeholders and the community. The data is monitored over time to measure the effectiveness of interventions and to determine progress towards meeting goals.

Health Status Indicator # 07 A and B -- Live births to women (of all ages) enumerated by maternal age, race and ethnicity.

The occurrence of many diseases, injuries and other public health problems varies across different age groups and some are disproportionately higher in racial/ethnic minority populations in the United States. The collection of information by age groups and by race and ethnicity has been an important component of public health surveillance efforts and to identify differences in health status among different groups.

As part of the Needs Assessment process, the Guam Department of Public Health and Social Services Office of Planning and Evaluation tracks, on an annual basis, live births to women (of all ages) enumerated by maternal age, race, ethnicity and education. These data are used to calculate fertility rates among women of all ages. The data are also used to calculate over all pregnancy rates and teen pregnancy rates. Data are drawn from Vital Records. This information is shared with partners, various government agencies, stakeholders and the general public through the sharing of Guam's Title V application and annual report. Data are used to identify trends in subpopulations and are reported in the context of contributing factors that impact the numbers and rates. The data are monitored over time to measure the effectiveness of interventions and to determine progress toward meeting goals.

Health Status Indicator # 08 A and B -- Deaths of infants and children aged 0 through 24 years enumerated by age subgroup, race and ethnicity.

In 2004, the infant mortality rate (deaths per 1,000 live births) on Guam was 12.26%. The health status indicator for Guam is 9 per 1,000 live births (2006 preliminary data). The target for the infant mortality rate set by Healthy People 2010 is that no more than 4.5 deaths per 1,000 live births should occur in any population group of geographical area.

/2009/ In 2007, the infant mortality rate (deaths per 1,000 live births) on Guam was 10.28%. For 2006, the infant mortality rate was 13.47. The health status indicator for Guam is 9 per 1,000 live births (2006 preliminary data). The target for the infant mortality rate set by Healthy People 2010 is that no more than 4.5 deaths per 1,000 live births should occur in any population group of geographical area. //2009//

Non-normal birth weight, either low or high birth weight, is associated with maternal age; older mothers are most likely to have non-normal birth weight infants. Younger mothers, however, are more at risk for having very low birth weight of moderately low birth weight infants. Disparities may also exist based upon race/ethnicity and to a greater extent, age or insurance status. Improvement in birth outcomes and the ultimate goal of reducing infant mortality for these particular subpopulations of pregnant women will require narrowly tailored and targeted interventions.

Deaths among older children are often attributable to injury. Populations that require attention include adolescents aged 15-19 years and young adults aged 20-24 years. Motor vehicle deaths are common in these data sets. This data is the basis for promoting activities aimed at improving seat belt usage among adolescents. Suicide is another unfortunate factor in these age groups. Title V has focused increased attention in suicide prevention activities in partner ship with DMHSA and community-based partners.

/2009/ In 2005, there were 103 DUI crashes, 24 fatalities (11 which were alcohol and/or drug related) and 817 DUI arrests. In 2006, (latest data) there were 233 DUI crashes, 13 fatalities (4 were alcohol and/or drug related) and 836 DUI arrests.

Injury surveillance on Guam is fragmented and needs immediate attention. In the past several years, many local agencies attempted to collect data to assist in their own determination of the traffic death and injury problem. Each has gathered information for their specific use and purpose. To date, none of this information has been compiled by a central agency and analyzed for the benefit of all.

In 2003, there were 144 youth under the age of 25 arrested for DUI. In 2002, there were 186 arrests. (Latest data not available). //2009//

Health Status Indicator # 09 A and B -- Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race and ethnicity.

As stated in Census projections, there were an estimated 61,510 infants and children aged 0 through 19 on Guam in 2006. Approximately, 5% of children were reported to live in households headed by single parents in 2006.

According to Guam education statistics, for school year 2005/06, the high school dropout rate for Guam youth, 9 through 12 years old, has been holding steadily at 8%. Leaving high school before graduation is known to lead to continued poverty and a higher incidence of juvenile arrests. For the same time period, 462 juveniles were arrested.

As stated in the 2006 Census projections, 38% of the population corresponds to the MCH population group. This includes 66,463 or 38% children and adolescents up to 19 years old; and 37,898 or 22% women between 15-44 years. The median age of the population was 27.9 years old.

These data are complex and tell many stories. By looking at the numbers of children in certain programs such as WIC and Food Stamps it is apparent that poverty is affecting their lives, but families are also connected to services.

Health Status Indicator # 10 -- Geographic living area for all resident children aged 0 through 18 years.
Health Status Indicator # 11 -- Poverty levels for the total State population.
Health Status Indicator # 12 -- Poverty levels for all children aged 0 through 19 years.

The Department of Public Health and Social Service's Office of Planning and Evaluation tracks, on an annual basis, the geographic living area for all resident children aged 0 through 19 years in order to conduct cross-tabulations by geographic area to target prevention activities in areas most in need. For example, teen birth rates may be highest in areas with high numbers of teens. Teen pregnancy prevention efforts, therefore, are focused in those communities.

According to information provided by the U.S. Census Bureau, the total population on Guam for the year 2000 was 154,805 inhabitants. There were 38,769 households, of which 6,284 were single-parents, female-headed families who were living below the federal poverty level, compared

to 58.5% of families of married couples.

The Guam Census of 2000 reported the median household income to be $39,617. The income median has slightly increased to $41,196 in 2003 (latest data on household and Per capita Income) due to a slight upward trend in the economy. Prices for goods, however, continue to increase considerably due to the high cost for travel, shipping, and fuel.

Per capita Income for 2003 was $11,254 an increase of $382 or 3.5% from calendar year 2001. The mean Earner's Income for 2003 was $21,778, which was $176 or 0.8% above the calendar year 2001 amount.

The Federal government's 2007 poverty guidelines defines $20,650 as poverty level income for a family of four (poverty level income varies with family size). Many of those living in poverty are working, but earning minimum wage and/or working part-time. Others are receiving public assistance.

The Guam Department of Labor, Bureau of Labor Statistics, announced that the March 2006 (latest data) unemployment rate was 6.9%, a decrease of 0.1% from the December 2005 report. In March 2006, the number of people employed reached 61,390, an increase of 1,760 from the latest report. Full-time workers showed an increase of 3,390 from the previous figure of 50,150 to 53,540.

The persons not in the labor force, who were persons not employed at not actively looking for work, numbered 38,890, a decrease of 1,960 from the previous report of 40,850. Of the persons not in the labor force, 4,410 desired to work but did not search for employment.

With a State Planning Grant form the Health Resource and Service Administration (HRSA), the Guam Department of Public Health and Social Services, Division of Welfare conducted a survey of Guam's uninsured population.

The 2005 Guam Household Income and Expense Survey found a 6,199 or 17.2% of Guam's households did not have health insurance. Of those with health insurance, 36.9% were affiliated with government programs and 37.5% with private firms. Other significant findings include:

- Non U.S. citizens head nearly 63% of Guam's uninsured households. Of this 63%, 34% of households without health insurance are permanent, non-citizens. Another 28.3% of uninsured households are temporary non-citizens living on Guam. Fifteen percent of naturalized citizens and 10.4% of households headed by citizens born in the United States or a U.S. territory are uninsured.
- Nearly 46% of Guam's uninsured wage earners earned between $10,000 to $24,999 per year; 18% earned $25,000 to $49,999 per year; 3% earned $50,000 to $99,999 per year and less than 1% earned over $100,000 per year.
- Heads of households whose highest level of educational attainment was the 6th grade had the highest uninsured rate at 36.9%.
- Those born in China and Korea have the highest rates of uninsured at 69.9% and 58.5% respectively. Householders born on neighboring islands have the following rates of uninsured: Pohnpei 43.8%; Chuuk 32.6% and Yap 31.1%. Twenty-five percent of householders from Japan and 25.2% from the Philippines are without health insurance.

Guam's uninsured were less likely (52.2%) than the insured (75.7%) to report having a clinic or doctor that they usually go to for health care, but more likely to have not gone to the doctor at least once in the past year because of the cost (32.8%) of uninsured vs. 11.9% of insured.

The survey revealed reasons given by those without coverage as: could not afford the premium (26.9%), lost of changed job (6.8%), no employer coverage (6.0%), spouse of parent lost job or died (3.2%), problems with eligibility (3.2%), and other uncategorized reasons (21.3%). //2008//

F. Other Program Activities

/2009/ On February 17, 2007, the Department of Public Health held a mass immunization clinic exercise at the University of Guam Field House to practice the agency's emergency preparedness plan. Participants went through four phases according to the mass immunization plan: registration, medical screening, vaccination, and observation.

Data personnel were on hand to input forms that were handed to participants of the drill. . The analysis will help determine what are benchmarks would be, how realistic mobilization of resources can occur should there be a need to set up various mass immunization sites and what the resources would be required for each site.

Conducted in October 15-19, 2007, the TOPOFF 4 Full-Scale Exercise featured thousands of federal, state, territorial, and local officials. These officials engaged in various activities as part of a robust, full-scale simulated response to a multi-faceted threat. The exercise addressed policy and strategic issues that mobilized prevention and response systems, required participants to make difficult decisions, carry out essential functions, and challenge their ability to maintain a common operating picture during an incident of national significance.

As in a real-world response, agencies and organizations deployed staff into the field and faced realistic incident-specific challenges, including the allocation of limited response resources and exercise actions needed to effectively manage conditions as they emerge. Planning and preparation for the exercise also helped strengthen working relationships between departments and agencies that are critical to successful prevention and response in real emergencies.

The TOPOFF 4 Full-Scale Exercise involved more than 15,000 participants representing federal, state, territorial, and local entities. For the first time, a U.S. Territory, Guam, participated in the TOPOFF series, providing an opportunity to practice coordinated prevention and response activities between the continental U.S. and a U.S. territory. At the federal level, exercise play was marked by the coordinated participation of multiple agencies and departments.

The TOPOFF 4 Full-Scale Exercise was based on National Planning Scenario 11 (NPS-11). The scenario began as terrorists, who have been planning attacks in Oregon, Arizona, and the U.S. Territory of Guam; successfully bring radioactive material into the United States. The first of three coordinated attacks occurred in Guam, with the simulated detonation of a Radiological Dispersal Device (RDD), or "dirty bomb," causing casualties and widespread contamination in a populous area near a power plant. Similar attacks occurred in the hours that follow in Portland and Phoenix.

An RDD is not the same as a nuclear attack. A conventional explosive releases radioactive material into the surrounding area. Although it does not cause the type of catastrophic damage associated with a nuclear detonation, there are severe rescue, health, and long-term decontamination concerns associated with an RDD. Real weapons were not be used in the scenario, but the response will be mounted as if they had been.

Emergency Preparedness

Planning for the participation of the Maternal and Child Health Program in a disaster and

response is essential. Such planning includes natural and man-made disasters as well as health emergencies such as a pandemic influenza outbreak. It is the intent of the MCH Program to collaborate and update the emergency plans that exist to be redesigned to be all hazards approach with a clear and unified approach that partners know of and are familiar with the command structure, prior to the incident.

The Bureau of Family Health and Nursing Services is within one of the five divisions of the Department of Public Health and Social Services which is part of the overall response effort in the event of emergencies. BFHNS personnel are first responders and administrative staff has and continue to serve as Response Activity Coordinators (RAC) in preparation for local disasters or emergencies.

As part of the larger picture, MCH staff has participated in the review of the department's emergency plan and upon mobilization; the MCH Program staff are prepared to provide assistance. Direction comes from the agency head and is supported through a declaration by the head of state that Guam is under a state of emergency. Depending on the situation, any requests for resources would be funneled through the RAC serving at the Emergency Operations Center (EOC). During recovery efforts wherein emergency support such as Food Stamps is being applied for, staff may serve a purpose in the operation.

In light with the need to prepare and respond to a potential health crisis, such as a pandemic. Bureau of Family Health and Nursing Services staff helped in the completion of the Division of Public Health's Continuity of Operations Plan (COOP) that would provide clear direction as the level of scaling back of operation should that be warranted during the crisis. This plan is incorporated into the department's overall COOP. Efforts will continue to be made with the MCH Program to have all personnel within the office to have completed ICS 100 and 700 with supervisors highly encouraged to complete ICS 200, 300, 400, and 800. //2009//

G. Technical Assistance

/2009/
Guam's Title V Technical Assistance Needs include:

Uninsured women

An area that we feel particular concern is the proportion of women of childbearing age who are not insured. We have focused a great deal of our efforts on children and while we have a ways to go to improve in this area, we need to acknowledge that women have higher rates of no insurance than the general population. We would like technical assistance on methods to address this problem. When women have no insurance, they are less likely to plan pregnancy, engage in preventive health care, such as family planning or prenatal care. The most common reason women reported late entry into prenatal care was "no money". If we could ensure that more women had insurance, we would see improvement in intended pregnancy, early prenatal care, etc.

Overweight and Obesity

Given the national trend in overweight and obesity, Guam's public health officials are very concerned about the increasing trend in the state. We want to focus our efforts on women of childbearing ages in terms of prepregnancy weight and weight gain during pregnancy. Prepregnancy weight can be considered a proxy for the weight of all women in these ages and we need to work to ensure that as women prepare for pregnancy they consider their weight along with other possible risk factors, such as medications, chronic health

conditions, etc. As women go on to have pregnancies, we want to ensure that they don't continue to keep on unnecessary weight after the pregnancy, compounded by additional pounds with each pregnancy. We would like technical assistance on promotion of healthy weight among women of childbearing ages.

Guam would like to suggest that MCHB consider providing regionally based, annual updates regarding the MCH Services Title V Block Grant Program report/application guidance and web-based reporting package. We further suggest that these updates be provided in several locations around the country, without charge to the states. Compared to the updates currently provided at AMCHP's annual conference, regional trainings would allow more interaction among regional stakeholders and MCHB. Further, providing the updates without cost would remove potential financial barriers to the attendance of persons who prepare the MCH reports/applications but are not members of AMCHP.

Guam requests technical assistance from the National Center for Cultural Competency to provide training and assistance. Training should also include strategies for community education and outreach to disparate populations

Insurance coverage for 18-21 year old YSHCN

According to the American Academy of Pediatrics, the goal of transition in health care for young adults with special health care needs is to maximize lifelong functioning and potential through the provision of high quality and developmentally appropriate health care services that continue uninterrupted as the individual moves from adolescence to adulthood; however, this standard is very difficult to attain because of issues related to the cost of care. Typically, both private and public insurance programs discontinue coverage for children as they reach the ages of 18-21. Youth must then find private coverage (through their parent/school/work) or apply for public coverage (e.g. Social Security, Medicare, Medicaid, Title V). In addition to having to investigate and maneuver through this process, these youth frequently must meet a higher standard to qualify for coverage. It is not unusual for this standard to require that they be able to work or attend school full-time or be completely disabled and unable to do so. These are opposite ends of a continuum of physical ability and there are many degrees in between. There is great difficulty in finding coverage for those YSHCN who have significant health conditions but are able to work or attend school with modifications and considerations for their individual needs.

Youth with special health care needs experience this lack of insurance in the form of substantial negative impacts, both physiologic and economic. In comparison to youth in general, YSHCN have poorer health status, use more services (outpatient, inpatient, specialty and ancillary), have more prescription medication, experience additional days of restricted activity, and report more unmet needs (related to financial barriers) and greater personal expense.

Adolescent Health Strategic Planning

Technical assistance is needed to carry out strategic planning around the health of adolescents and school age children. The DPHSS is working to identify and define the needs of adolescents for a medical home and implement strategies that will provide parents, communities, and providers with the information and skills they need to meet the developmental, health, and social service needs of adolescents. The DPHSS is working under budget and staffing constraints that make it important to prioritize work, establish partnerships, and target proven strategies to the populations most in need. Although some proven strategies are in place in core MCH planning communities, program scale and capacity is lacking, as communities, schools, and health care providers continue to struggle with the complex problems associated with poverty, racism, and classism.

DPHSS staff members invest large amounts of time participating on networks and advisory groups and providing technical assistance to community coalitions. The DPHSS needs a facilitator to help it process information from formative research, identify potential partners with common outcome objectives, clarify appropriate public health roles for staff members, and set five-year priorities for the DPHSS adolescent health agenda with specific channels and subpopulations identified for interventions. This agenda needs to be clearly communicated to partners and communities.

A request for technical assistance has bee submitted requesting funds to have one or two MCH staff attend the National Network of State Adolescent Health Coordinators. This meeting will provide an opportunity to lean what other federal agencies and states are doing in the area of adolescent health and to network with other states that may have limited or no funds for adolescent health coordinators, and to provide input into future directions.

Technical assistance on how to conduct cost-effectiveness, cost-benefit, and cost avoidance analyses for Title V programs would also be very beneficial for staff. During the current era of budget shortfalls in Guam, there has been greater scrutiny by decision-makers as to the cost-effectiveness and fiscal neutrality of programs. Technical assistance on the steps involved in analyses, parameters to consider, accepted methodologies, and effective presentation of results would supplement staff's ability to provide this critical information to program managers and administration officials.

//2009//

V. Budget Narrative
A. Expenditures

/2009/
Estimates had to be used in providing budget and expenditure details. Breakdown of expenditures by type of services is a very difficult task when we try to assess the performance of a public health professional. This task is quite easy at the levels of the pyramid related to direct services. At this level, we know who serves the different groups of the MCH population and the amount of time dedicated to each of the subgroups, allowing us to determine the expenditures by the individual served. But trying to estimate the amount of time dedicated to each of the subgroups comprising the MCH population, as well as the time dedicated to perform enabling, population-based or infrastructure building services is not an easy task. For this reason, estimates had to be made and this may lead to discrepancies between the budgeted and the expended figures by levels of the pyramid.

Guam Title V continues to make a concerted effort to refine our budget to distinguish direct services from enabling services and population-based services.

Administrative Costs are budgeted at $108809 which is 10 percent of the total federal grant award. This amount will not exceed the allowable 10 percent of the total MCH Block Grant as mandated in OBRA 1989.

Personnel are employed to develop and implement standards of care as well as to directly provide services to clients. Typically, classes of employees include physicians, social workers, nurses, nurse practitioners, nutritionists, health aides and clerical staff. Employees are required to meet the standards for practice as specified by his or her professional organization.

Equipment including minor medical and office, may be purchased in order to administer the program. The equipment items are minor parts of the budget. Government of Guam procurement regulations governing purchasing of equipment is strictly followed.

Supplies include the necessary clinical and office materials to operate the programs and to deliver patient care. Supplies are purchased centrally and according to purchasing policy of the government of Guam.

Contractual reflects funds budgeted to purchase services from outside providers. Examples would be the Pediatrician for children and infant services. Furthermore, this individual acts as our Newborn Metabolic Screening Physician.

Other expenditures include telephone, copying and postage used on behalf of the block grant program.
//2009//

B. Budget
/2009/

Form 2 outlines our proposed budget for the coming federal fiscal year. For Fy09, children's preventative and primary care comprise a minimum of 30% of the anticipated federal allocation. CSHCN reflects 33% of the federal allocation and includes spending in the areas of direct services. Administrative expenditures are budgeted to be no more than the allotted 10% of the budget.

The Guam Title V Program will expend funds for the four types of services (Core Public Health/Infrastructure, Population Based Individual Services, Enabling and Non-Health Support, and Direct Health Care Services). Services will target the three categories including pregnant women and infants, children and adolescents, and Children with Special Health Care Needs, specifically those in families living at or below 185 percent of the federal poverty level.

1. Preventive and Primary Care Services

The Guam MCH Program will continue to expend Title V funding earmarked for preventive and primary care on immunization, case management and care coordination, hearing and vision screenings and genetic testing and counseling. Clinical service include well-child, maternity and prenatal care, family planning, oral health services. Approximately 90% of Title V funding is used to cover local health department clinical services. Title V will also support home visiting and care coordination services for pregnant women and infants as well as other activities aimed at improving the health of pregnant women and infants including standards development, quality assurance, health promotion and outreach.

The Title V Program continues to try to proactively address factors impacting birth outcomes such as unintended pregnancy, obesity, preconception, prenatal care utilization, alcohol, substance abuse, tobacco, mental health, and eliminating disparities for pregnant women in accessing services.

2. Services to Children with Special Health Care Needs

Title V funding is used to support the Children with Special Health Care Needs activities and services. These programs and services address newborn hearing and metabolic screening, genetic services, and locating medical and dental services specifically for children with special healthcare needs.

3. Infrastructure Building Services

To sustain the infrastructure of MCH/CSHCN programs, funds are used for the salaries of clinical and administrative staff. Funds are also invested for the needs assessment and other core functions, equipment, professional development, the purchase of computers, e-mail and informatics system maintenance, support for applied research and surveillance. All travel expenses required to attend meetings, conferences and trainings in the mainland, and other related activities are paid with these funds.

4. Administrative

Administrative costs in the Department of Health and the Maternal and Primary Care Administration include administrative overhead, internal accounting and information system charges, budgeting, and other charges generated from the operations and management units of the operating division.

The total request for the Maternal and Child Health Block Grant for FY'09 is $1,088,089. The State Match is $337,283.

The breakdown is as follows:

1. Pregnancy women $210,942
2. Infants < 1 year old $210,943
3. Children 1 to 22 years old $230,968
4. Children with Special Health Care Needs $326,427
5. Administration $150,606

Types of Services by Levels of the Pyramid:

For FY'09 $404,074 is budgeted for Direct Health Care Services. This includes prenatal care and delivery services for pregnant women not eligible for Medicaid or the locally funded Medically Indigent Program; services for high-risk pregnant women; medical service for children with special health care needs and clinical services provided through the local health department.

Guam had budgeted $104,678 under Enabling Services for FY'09. Activities included under this level of the pyramid are case management services for pregnant women; outreach to pregnant women and children; nutrition education activities targeted to pregnant women and infants; coordination provided through the local health department and/or community based organizations; and assessment, monitoring and referral activities for children with special healthy care needs.

For Population based services, Guam has budgeted $ 318,292. These activities include immunizations, oral health education, newborn metabolic screening, genetic activities and injury prevention.

Guam has budgeted $261,045 for Infrastructure Building Services. Funds have been designated to support MCH planning activities for collaboration between the local hospital, Southern and Northern Regional Health Centers and community planning activities.

VI. Reporting Forms-General Information
Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets
For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. Glossary
A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note
Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents
A. Needs Assessment
Please refer to Section II attachments, if provided.

B. All Reporting Forms
Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents
Please refer to Section III, C "Organizational Structure".

D. Annual Report Data
This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.